

cosica

OUTLINES

Practice of Physic, Materia Medica, Toxicology

AND

DOMESTIC SURGERY:

TO WHICH ARE APPENDED

THREE HUNDRED QUESTIONS ON SUBJECTS CONNECTED WITH THE
DAILY ROUTINE OF A HOSPITAL.

COMPILED

CHIEFLY FOR THE USE OF THE

SUBORDINATE MEDICAL DEPARTMENT,

BOTH EUROPEAN AND NATIVE,

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AND

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PRINTED AT THE SECUNDERA ORPHAN PRESS,

1853.

KHULA'SA

Tib aur Materia Medica,

YANE

KHAWA'S ADWIYAH WAGHAIRAH

AUR

SAMYA'T AUR JARRA'HI KA',

MAI TI'N SAU SAWA'LA'T MULHAQA MUSHTAMILBAR KA'R ROZMARRAH
SHAFA'KHA'NA KE,

WA'STE FA'IDAH

TA'BEDA'R MUTALLIQON ILA'QA TIBA'BAT

DONON ANGREZI' AUR HINDUSTA'NI' TASNIF SE,

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Assistant Surgeon, Mutalliga Iha'ta Banga'la ke,

AUR

TARJUMA KI' GAI' BAA'NAT

MOONSHEE HOOSAINEE,

MUDARRIS MADARSA DEHLIE KE.

AGRA:

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PREFACE.

The chapters that compose this little work were originally compiled by me in my leisure hours, for the purpose of assisting the Native Doctors in my hospital, in the rudiments of their profession, and thinking if such a work was published in a cheap form, it might prove acceptable to the whole class of the subordinate Medical Establishment, both European and Native, I was induced to have it printed in English and Hindoostanee : should it prove so, I shall feel amply rewarded for all the trouble I have had. At the end of each chapter in the Practice of Physic, will be found a few questions relative to the subject treated upon, which will, I think, materially assist the student by impressing it more fully on his memory, more especially if the Medical Officer under whom he may be placed, would, from time to time, examine him as to his progress, and explain to him whatever he may not fully understand. I would refer the reader to the Bengal Pharmacopœia, published by Dr. W. B. O'Shaughnessy, for all particulars regarding the mode of preparing the different articles in the Materia Medica, as they will find in that valuable book every thing they could possibly require regarding that branch of their studies.

A great difficulty in this undertaking has been to condense. Where there is so much that is excellent in those works I have consulted, it is not easy to abridge without injuring, or to abbreviate without detracting. It is also true, that abridgments are for the most part received with distrust; partly because the judgment of the abridger may fairly be regarded with doubt or suspicion, and also, because there is always an inclination to adopt, in the spirit of favoritism, those opinions which most strongly accord with our own, and to reject others, which may be equally or even more worthy of being retained.

PART I.

ON THE

CLASSIFICATION OF MEDICINES.



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|--|---|
| ABSORBENT, Jázib. | EMOLLIENT, Mulayyan. |
| ACID, Tezáb. | EMULSION, Chiknáee dawá. |
| ALKALY, Khár. | ENEMA, Pichkári kí dawá. |
| ALTERATIVE, Badun sudhárne-wálá. | EPISPASTIC, Jild ookhárnewálá. |
| ANODYNE, Khwábáwar. | ERRHINE, Chhínk lánewálá. |
| ANTACID, Tezáb kí tasír khone-wálá. | ESCHAROTIC, Kátnewálá zaḡhm ká. |
| ANTALKALINE, Khár kí tasír khone-wálá. | EXPECTORANT, Kuf dafaḡ kurne-wálá. |
| ANTHELMINTIC, Keṇchwá márnewálá. | FEBRIFUGE, Dáfa buḡhar. |
| ANTISCORBUTIC, Dáfa Ḳhárish. | GARGLE, Ghar ghrah. |
| ANTISEPTIC, Dáfa afúnat. | HYDRAGOGUE, Putla dust lánewálá. |
| ANTISPASMODIC, Dáfa tashannuj. | IRRITANT, Jaláne wálá. |
| AROMA(TIC, Ḳhushbúdár. | LAXATIVE, Pet narm karnewálá. |
| ASTRINGENT, Qábiz. | LITHONTRIPTIC, Dáfa sang masá-ná. |
| BLISTER, Laip, yáne Plaster. | OPIATE, Khwábáwar. |
| CARMINATIVE, Dáfa riyáh. | PARTURIFACIENT, Moosqit. |
| CORDIAL, Dilkusha. | PURGATIVE, Dastáwar. |
| COUNTERIRRITANT, Dáfa sozish. | REFRIGERANT, Dáfa garmí. |
| DEMULCENT, Tar karnewálá. | REPELLENT, Khárij karnewálá. |
| DEOBSTRUENT, Mufattih. | RUBEFACIENT, Surḡh karnewálá badan ká. |
| DETERGENT, Zaḡhm sáf karnewálá. | SIALOGOGUE, Muḡh lánewálá yáne joshe dahan. |
| DIAPHORETIC, Pasíná lánewálá. | STIMULANT, Mufarraḡh. |
| DIGESTIVE, Pakánewálá. | STOMACHIC, Muḡawwí miuduh. |
| DILUENT, Raqíq karnewálá. | STYPTIC, Khún band karnewálá. |
| DISCUTIENT, Tahlíl karnewálá. | SUDORIFIC, Pasíná lánewálá. |
| DIURETIC, Pesháb lánewálá. | SUPPURATIVE, Píb paidá kurne-wálá. |
| DRASTIC, Tez dast lánewálá. | TONIC, Muḡawwí. |
| EMETIC, Rad lánewálá. | |
| EMMENAGOGUE, Haiz lánewálá. | |

PART I.
ON THE
CLASSIFICATION OF MEDICINES.



Q.—What is an Absorbent?

A.—Any medicine that has no acrimony of itself, and destroys acidity in the stomach and bowels.

Q.—Give examples ?

A.—Magnesia and prepared Chalk.

Q.—What is an Acid?

A.—A substance possessed of the following properties: generally a sour taste; the power of changing the vegetable blue colours into red, and of combining with an Alkaly, with Earths, and with Metallic Oxyds. Some Acids, as the Sulphuric, Nitric and Muriatic, have a very powerful action, and corrode or destroy animal and vegetable substances.

Q.—How are Acids divided?

A.—Into mineral, animal, and vegetable.

Q.—Give examples of each kind of Acids?

A.—The principal Mineral Acids are the Sulphuric, Muriatic, Carbonic, and the Fluoric; the Animal Acids are the Phosphoric, Prussic, and the Uric; the chief vegetable acids are the Acetic Acid or Vinegar, the Oxalic, the Tartaric, the Citric, the Malic, and the Benzoic.

Q.—What is an Alkali?

A.—A substance endowed with the following properties. It changes the vegetable blue colours to green, forms a substance with Acids, having qualities quite distinct from both Acids and Alkalies, and forms soap when mixed with oils.

Q.—How many kind of Alkalies are there?

A.—Two: the fixed and the volatile.

Q.—Name the two kinds of Alkalies?

A.—The fixed Alkalies are Potash and Soda; the Volatile Alkali is Ammonia or Hart'shorn.

BA'B AWWAL.

DARBA'B JAMA'AT ADVIA'T KE.



Sawál.—Jázib kisko kahte haiñ ?

Jawáb.—Jázib us dawá ko kahte haiñ ki jismen tundí aur charparahaṭ bezátehi na howe, aur mádeh aur anṭriyon kí turshái ko záyal kare.

S.—Misál iski kyá hai ?

J.—Magnesia aur sáf ki huí khariá miṭṭí.

S.—Tezáb kisko kahte haiñ ?

J.—Jis shai men yih ḡhawás howen ki aksar záiqá uská tursh ho, aur yih sift rakhtí ho ki nabátátí níle rugoon ko surḡh karde, aur khár aur miṭṭí aur falazzátí kushta ke sáth miljáwe. Báz báz tezáb misl tezáb gandhak aur shorah aur namak ke bahut tez tásír rakhte haiñ, aur haiwání aur nabátátí chízon ko khájáte aur galá dete haiñ.

S.—Tezáb kai qism ke haiñ ?

J.—Khaní, haiwání aur nabátátí.

S.—Har qism ke tezáb ki misál do ?

J.—Mashhúr tezáb khání yeh haiñ, yane tezáb gandhak, tezáb namak, tezáb Cárbonic aur tezáb Fluoric; tezáb haiwání yeh haiñ, Phosphoric, Prussic aur Uric; mashhúr nabátátí tezáb yeh haiñ, Acetic Acid yá sirká, Oxalic, Tartaric, Citric, Malic aur Benzoic.

S.—Khár kisko kahte haiñ ?

J.—Jis chíz men yih ḡhawás hon ki nabátátí níle rang ko sabz karde, aur tezáb se milkar ek nai chíz ho jáwe, jiskí ḡhawás tezáb aur khár se bilkul muḡhtalif hon, tel ke sáth milne se sábul banjáwe.

S.—Khár kai qism ká hotá hai ?

J.—Do qism ká, ek qáim aur dúsrá unnewálá.

S.—Un aqsám ke nám kyá haiñ ?

J.—Qáim khár haiñ Potash aur sajjí, aur dúsrí qism hai unnewálí, jaisá Ammonia, yane nousádar aur Hart'shorn, yane hirnká síng.

Q.—What is an Alterative?

A.—A Medicine intended gradually and imperceptibly to improve the constitution in some of its functions without producing any sensible evacuation, by perspiration, purging, or vomiting.

Q.—Name some of the usual Medicines given as an Alterative?

A.—Small doses of Rhubarb, different mineral waters or imitations of them, small doses of Calomel or Blue Pill, Plummer's Pill, Sulphate of Iron, or Tincture of Steel.

Q.—What is an Anodyne?

A.—A medicine which relieves pain.

Q.—How are Anodynes divided?

A.—Into three kinds, Hypnotics, are those that induce sleep; Narcotics, those that give ease, by stupifying; Sedatives, those that diminish the rapidity of the circulation, or the activity of the general system.

Q.—Name some of the chief Anodynes?

A.—Opium, Henbane, Hemlock, Camphor, Foxglove, Tobacco, Stramonium and Hemp.

Q.—What is an Antacid?

A.—Any medicine which corrects acidity of the stomach.

Q.—Name some of the chief Antacids?

A.—The Alkalis Potash and Soda, and their subcarbonates dissolved in water; Ammonia, Limewater, Magnesia, and prepared Chalk.

Q.—What is an Antalkaline?

A.—That which possesses the power of neutralizing Alkalis; all the Acids are of this class.

Q.—What is an Anthelmintic?

A.—Remedies which possess the property of destroying worms, or expelling them from the intestinal canal.

Q.—How many kinds of Anthelmintics are there?

S.—Badan sudhárnewálí dawá kis ko kahte haiñ ?

J.—Jo dawá iskhásiyat ki banáí jáwe ki áhista áhista aur baghair ma'lúm hone álamát ke baz súratoñ meñ tabi'at ko fáida ba'khshe, aur koí ikhrá'j bazáhir ma'lúm na howe, misl áne pasína yá dast yá radd.

S.—Chand adwiya badan sudhárnewálí jo aksar istámál meñ áí haiñ, unká nám bayán karo ?

J.—Kam miqdár Rhubarb, yane rewand chiní aur baz qism kí kán ká pání yá misl úskí; kam miqdár Calomel, yane páreh ká kushta, yá Blue Pill; Plummer's Pill, Sulphate of Iron, yane Kasís, yá Tincture of Steel.

S.—Khwábáwar dawá kis ko kahte haiñ ?

J.—Us dawá ko kahte haiñ jo dard ko taskín ba'khshe.

S.—Khwábáwar kai qism kí hotí haiñ ?

J.—Tín qism kí; Hypnotics, ki jisse nínd kí taraf tabi'at rujú howe: Narcotics, ki jisse behóshí paidá hokar árám ma'lúm howé: Sedatives, jo ki harkat k'hún ko kam kare aur sáré jism kí chustí aur chálákí ko ghatáwe.

S.—Mashhúr in adwiya meñ se chand chízoñ ká nám bayán karo ?

J.—Afyún, Hyoscyamus, Hemlock, Káfúr, Digitalis, Tambákú, Dhatúra aur Bhang:

S.—Tezáb kí tásír khonewálí dawá kisko kahte haiñ ?

J.—Jo dawá kí turshí mede ko durust kare.

S.—Chand mashhúr tezáb kí tásír khonewálí dawáoñ ká nám lo ?

J.—Alkali Potash aur Soda, yane sajjí aur unké Sabcarbonates jab ki pání meñ ghuláe jáweñ: Ammonia, yane nousádar, Limewater, yane chúnah ká pání: Magnesia, aur Prepared Chalk, yane sáf kí huí khariá mi'tí.

S.—Khár kí tásír khonewálí dawá kisko kahte haiñ ?

J.—Jo chíz khár ko beasar kare: tamám tursh chízeñ aisi qism kí haiñ.

S.—Ken'chwá márne wálí dawá kis ko kahte haiñ ?

J.—Jo dawá kí k'hawás már dálne yá nikálne ken'chwá ká ant-riyoñ meñ se rakhtí ho.

S.—Ken'chwá márne wálí dawá kai qism kí hotí haiñ ?

A.—Three kinds: some are intended to act mechanically, as the powder of Tin, or the Cowitch;—some act by their purgative quality, as Turpentine, Aloes, Rhubarb, Scammony, Jalap, and Calomel; and others act constitutionally, as the bitter tonics, such as the infusion of Rhubarb, Quassia, and Wormwood.

Q.—What is an Antiscorbutic?

A.—Medicines given to cure or prevent the land or sea scurvy.

Q.—Name some of the chief Antiscorbutics?

A.—Acid fruits, such as Lemons, Limes, Oranges, Citric Acid, Vinegar, Garlic, Mustard and Cress; raw Potatoes, and fermenting liquors, such as Spruce Beer and Cyder.

Q.—What is an Aromatic?

A.—A substance which has an agreeable spicy scent, and a pleasant pungent taste.

Q.—Name some of the principal Aromatics?

A.—Cloves, Nutmegs, Mace, Cinnamon, Pepper, Ginger, and the Essential Oils derived from various plants by distillation, as Oil of Rosemary, Lavender and Peppermint.

Q.—What is an Astringent?

A.—A substance that draws together or corrugates and contracts the parts of the body to which it is applied.

Q.—Name some of the chief Astringents in use?

A.—Alum, Catechu, Oak-bark, Logwood, Gall-nuts, Kino, Chalk, Iron, Lime-water, Carbonate of Lead, Diluted Acids, and Nitrate of Potash.

Q.—When should Astringents be given?

A.—They are useful in long continued laxity of the bowels, where there is no deficiency of the proper excrementitious matter, and where means have been taken to cure the original disease.

Q.—What is a Blister?

A.—That, which when put on the skin, raises the cuticle in the form of a vesicle, filled with a serous fluid.

Q.—Name some of the articles employed as a Blister?

J.—Tín qism, báz un men ká asr tárkīb se hotá hai, maslan Powder of Tin, yañe safúf qaláí, yá Cowitch: báz basabab rakhne k̄hawás ishál ke, maslan Turpun Tel, Elwá, Rhubarb, yañe rewand chíní, Scammony, yañe Sakmuniya, Jalap, yañe Jalápá, aur Calomel, yañe páreh ká kushta: báz dawá bamuáfíqat tabíat ke fáida bakhshítí haiñ, jaise tal̄kh adwiya m̄ukawwí; misl Khaisándah, rewand chíní, Quassia aur uisuntín-rúmí.

S.—Dáfá k̄hárish dawá kis ko kahte haiñ ?

J.—Wuh dawáen̄ ki wáste indifáa aur insidád ázár Scurvy ke, jo samundar yá k̄hushkí men láhaq howe mustámil haiñ.

S.—Mashhúr dáfá k̄hárish dawáon̄ men se báz chízon̄ ká nám bayán karo ?

J.—Tursh asmár, misl nimbú, kághzí nimbú, rangtara, Citric acid, sirka, lahsan, ráí, aur hálím, kachchá aloo, aur joshida sharáb, jaisá Spruce Beer aur Cyder.

S.—K̄hushbúdár dawá kis ko kahte haiñ ?

J.—Jis shai men pasandída masáledár k̄hushbú átí ho, aur záiqa uská tez aur matbá howe.

S.—Mashhúr k̄hushbúdár chízon̄ men se báz ká nám bayán karo ?

J.—Loung, jáephál, jáwatrí, dárchíní, mirch, son̄th aur aslí tel jo kái daraḡhton̄ ke poudon̄ se ṡapká kar banáe játe haiñ, misl tel Rosemary, Lavender aur Podínah ká tel.

S.—Qábiz dawá kisko kahte haiñ ?

J.—Jo shai ki jab kisí chíz par lagáí jáwe, uske ajzá ko har taraf se kheñch kar jamá kare aur kam kare aur jhurryán dále.

S.—Mashhúr qábiz dawáon̄ ká nám lo aur istámál ?

J.—Phiṡkírí, kattrhá, Oak-bark, yañe chhál balút, sandal, májú-phal, kíno, khariá, lohá, chúne ká pání, Carbonate of Lead, Diluted Acids, yañe patlá tezáb, aur Nitrate of Potash, yañe shorah.

S.—Qábiz dawáon̄ kab díjátí haiñ ?

J.—Us súrát men mufíd hotí haiñ jab ki ant̄aryán bahut árse se dhílí ho gáí hon̄, aur miuduh ghalíz kam na hotá ho, aur us hál men ki wáste rafá karne aslí marz ke tajwíj ámal men á chukí ho.

S.—Blister kis ko kahte haiñ ?

J.—Jo shai ki jism par lagáí jáwe aur usse phapholá paidá howe.

S.—Mashhúr chízen̄ Blister lagáne kí men se nám lo ?

A.—A plaister composed of the Spanish or Telini fly, Mustard Poultices, boiling-water; and an ointment made of simple dressing and Tartar Emetic.

Q.—When are Blisters useful?

A.—In cases of Nervous Fever, where there is Delirium, Dimness of sight, Deafness, and great debility; in Apoplexy after blood-letting; in Palsy sometimes when applied to the part, sometimes at a distance. In Inflammation of the Lungs after sufficient bleeding, in various stages of Consumption, in obstinate coughs, in Asthma, Rheumatism, Indolent swellings of the joints.

Q.—In what cases are Blisters improper?

A.—In Dropsical habits, in which they sometimes give rise to ulceration and gangrene; in very irritable constitutions; and also in cases of gravel, or any disease of the urinary organs.

Q.—How long should a Blister generally remain on?

A.—In adults, twelve hours is the usual time, but in young children, one or two hours will generally be long enough.

Q.—How would you counteract the occasional bad effects of a Blister?

A.—If it produces strangury or bloody urine, make your patient drink copiously of mild diluent liquors, such as rice-water, barley-water, or gruel; to every pint of which, one drachm of salt-petre may be added, to increase the effect of dilution on the urinary organs. Should the surface of the Blister become ulcerated, dress it with Basilicon ointment for a few days, and then return to poultices and simple dressing.

Q.—What is a Cordial?

A.—Any medicine which possesses warm and stimulating properties, given with a view to excite the action of the heart and arteries.

Q.—In what cases are Cordials proper?

A.—In the advanced stages of Fever and other debilitating diseases; here wine or wine and water, diluted spirits, Compound Tincture of Bark, Tincture of Cinnamon, Tincture of Gentian, or the Aromatic Spirits of Ammonia; in cases of fainting, when Hartshorn, Æther, or Valerian may be given; after Surgical operations, or deliveries, when Brandy or Wine may be required, sometimes combined with a dose of Laudanum.

J.—Plaster bantá hai Spanish Fly yá Teliní makkhí se, ráí kí lup-
rí, khoulá pání, aur marham se bantá hai; Simple Dressing jis men
Tartar Emetic miláyá játá hai.

S.—Blister kis marz ke liye mufíd hai ?

J.—Jab ki Nervous Fever hotá hai, aur jab ki hizyán hotá hai,
kamí bínáí, bahrápan, aur bahut zout^{ke}; bích bímárí saktá píchhe
khún lene ke; fálíj men baz waqt jab lagúyá játá hai ek hisseh
par, aur baz waqt farq se. Bích bímárí sozish phepre ke bád káfi
fasd karne ke, mutfarriq hálát sil ke, bích shadíd khánsí, damáh,
bái, aur áhistgí warm joṛon ke.

S.—Istāmál Blister ká kis sūrat men námunásib hai ?

J.—Bích bímárí jalandrí, jis men baz waqt Ulceration aur siran
paidá hotá hai; aur jis sūrat men ki bímár ká garm mizáj ho; aur
bhí bímárí pathrí men, yá koí bímárí pesháb kí men.

S.—Kitne árse tak Blister lagá rahná cháliye ?

J.—Jawán ádmí ke liye bárah ghante mamúl hai, aur larṛon
khurdsál ke wáste ek yá do ghanṭa aksar lagá rahná káfi hai.

S.—Jo Blister lagáne se kabhí qabáhat yá kisí naṇ ká fasád
paidá ho to usko kistarah rafá karen ?

J.—Agar taqtír ho jáwe yá pesháb men khún áne lage to bímár
ko bahut halká, aur raqíq karnewálá pání piláyá jáwe, maslan
cháwal ká pání, áb jou, yá grucl, us pání ke harek ádhá scr men
ek dram shorah miláyá jáwe, táki ázár pesháb men narmí paidá
kare, aur agar Blister ke muqám par koí zaḥm parjáwe, to usko
chand roz tak marham Basilicon lagáwen, aur bád iske khúb luprí
lagá diyá kare, aur sáf karke bándhen.

S.—Dilkushá dawá kisko kahte haiñ ?

J.—Jis dawá ká khawás garm aur mufarraḥ ho, táki dil aur
shiryán kí harkat ko tezí baḥshe.

S.—Dilkushá dawá ká istāmál kis sūrat men cháliye ?

J.—Tap kohnah aur áwaríz naqáhat paidá karnewálí men sharáb
yá pání aur sharáb, araqyát sharáb, Compound Tincture of Bark,
Tincture Dárchíní, Tincture of Genshian yá Aromatic Spirits of
Ammoniá; dar sūrat láhaq hone ghash ke hirn ká síng, Æther yá
Valerian diyá jáwe; bád ikhtitám kám járrahí ke, yá bád infarág
janne ke, jis sūrat men ki zarúrat Brandy kí yá sharáb kí howe, to
bashamúl uske baz auqát ek matád Laudanum istāmál kar sakte
haiñ.

Q.—What is an Antiseptic?

A.—A doubtful class of remedies as applied to the living body, they possess the power of preventing animal and vegetable substances from decomposing or becoming putrid, and of obviating putrification when already begun.

Q.—What are the chief Antiseptics usually employed?

A.—Creasote, Charcoal Poultices, the Chlorides of Lime and Soda, Bark, Hops, and Vinegar.

Q.—What is an Antispasmodic?

A.—Medicine given to relieve spasm, or irregular and painful actions of muscles or muscular fibres.

Q.—What are the chief Antispasmodics?

A.—Ammonia, Assafoetida, Camphor, Castor, Æther, Musk, Opium and Valerian.

Q.—What is a Carminative?

A.—A Medicine that assists in the extrication and expulsion of wind from the intestines.

Q.—Name some of the common Carminatives?

A.—Aniseed, Cardamums, Caraway seeds, and their essential oils: Ginger, and warm water clysters.

Q.—What is a Deobstruent?

A.—Any Medicine which has the power of removing any obstruction in the body.

Q.—Name some of the common Deobstruents?

A.—Blue Pills and the extract of Taraxacum, which often displays a remarkable power of removing hardness of the liver and other organs. The Hydriodate of Potash is also a valuable remedy in such cases.

Q.—What is a Digestive?

A.—A term applied by the older surgeons to those substances, which, when placed on an ulcer or wound, were supposed to promote suppuration.

S.—Dāḡa sozish dawāen̄ kisko kahte haiṇ ?

J.—Jo shāi kī jism par lagāī jāwe tāki usse jism kī satah par sozish paidā ho, aur aur jagah se sozish raḡa hojāwe; jaise ki Blistēr sīnah par lagāne se phephre ke talī sozish raḡa hojātī hai.

S.—Dāḡa āfūnat dawāen̄ kisko kahte haiṇ ?

J.—Jo dawāen̄ mushtabah mutsawwar hon̄, unko dāḡa āfūnat kahte haiṇ; aur wuh dawāen̄ haiwānī aur nabātātī ashyā ko galne aur sarne nahīn detī haiṇ, aur agar koī sarñī shurū hogāi ho to usko ziyādah sarne se bāz rakhtī haiṇ.

S.—Mashhūr dawāen̄ dāḡa āfūnat kyā aksar istāmāl kī jatī haiṇ ?

J.—Cresate, koelā kā luprī, Chlorides of Lime aur Soda, Bark, Hops aur Sirkā.

S.—Dāḡa tashannuj dawā kisko kahte haiṇ ?

J.—Jis dawā se chabak aur harkat ke waqt jo pech o tāb aur dard paṭṭhon̄ aur paṭṭhon̄ ke reshon̄ meṇ hotā ho raḡa hojāwe us ko dāḡa tashannuj kahte haiṇ.

S.—Mashhūr dawāen̄ dāḡa tashannuj kon kon sī haiṇ ?

J.—Ammonia, yāne nousādar, hīng, kāfūr, Castor, Æther, mushk, afīm aur Valerian.

S.—Dāḡa rayāh dawā kyā hai ?

J.—Jo dawā ki madad kartī hai hawā nikālne ko antaryon̄ meṇ se.

S.—Mashhūr dawāen̄ dāḡa rayāh kā nām bayān karo ?

J.—Soṇf, ilāchī, ajwāin, aur unke aslī tel: soṇṭh, aur garm pānī kī picchkārī.

S.—Mufattah dawā kyā hai ?

J.—Jo dawā ki kisī qism kī rukāwat ko ki jism meṇ wāḡa ho raḡa kare.

S.—Mashhūr dawāen̄ mufattah meṇ se kisī kā nām lo ?

J.—Blue Pill, Extract of Taraxacum, jo aksar saḡhtī jigar aur dīgar āzā ke raḡa karne meṇ bahut tāsīr baḡhsh hotā hai. Is amar men Hydriodate of Potash bahut ḡhūb ilāj mutsawwar huā hai.

S.—Pakāne wālī dawā kisko kahte haiṇ ?

J.—Jarrāh sābiq un dawāen̄ ko pakāne wālī kahte the ki jo bar-waqt pakāne ke upar dumbal yā zaḡhm ke usko ziyādah pakā detī haiṇ.

Q.—Name some of the articles employed as Digestives ?

A.—Elder Ointment, Resin, Cerate, warm fomentations and Poultices.

Q.—What is a Demulcent ?

A.—A Medicine or drink, of an oily or mucilaginous nature given to prevent the action of acrid or stimulating matters in the body.

Q.—What articles are usually employed as Demulcents ?

A.—Solutions of Gum Arabic or Gum Tragacanth, decoctions of Linseed, Marshmallows, Liquorice and Rice; Sweet Almond emulsion, Spermaceti, Isinglass and Wax.

Q.—What is a Detergent ?

A.—A Medicine supposed to have the power of cleansing ulcers, and removing such viscid humours as adhere to, and obstruct the vessels.

Q.—Name some of the articles employed as Detergents ?

A.—Honey and Borax, Oxymel, Liniment of Verdigris and a solution of the Sulphate of Copper.

Q.—What is a Diaphoretic ?

A.—Medicines which promote the perspiration gently, short of sweating, such as minute doses of Tartar Emetic; Sweet Spirits of Nitre; Spirits of Mindereris, saline effervescing draughts, small doses of Dover's Powder, or Ipecacuanha Powder; Camphor, Musk, and Opium, keeping the patient warm in bed, and making him drink freely of warm tea: linseed tea, gruel or rice-water is an effectual and safe method.

Q.—What is a Diluent ?

A.—Watery liquors which are believed to increase the fluidity of the blood, and to diminish the acrimony and viscidness of several of the secreted or excreted fluids.

Q.—What Diluents are usually employed ?

S.—Chand chízon ká nám bayán karo jo pakáne men istamál hotí haiñ ?

J.—Elder Ointment, Resin, Cerate, garm pání se seṅkná aur luprí lagáná.

S.—Tar karnewálí dawá kis ko kahte haiñ ?

J.—Jo dawá ki noshídní yá chikní aur luqbdár qism kí ho, rok detí ho mádah mufarraḥ aur taláḥ ko jo jism men paidá ho usko rafá kare.

S.—Kon kon sí chízen aksar batour tar karne wálí adwiyah ke istamál men hotí haiñ ?

J.—Solutions of Gum Arabic yá Gum Tragacanth, joshándah alsí, yá Decoction of Linseed, Marshmallows, mulethí yane Liquorice, aur cháwal; Emulsion bádám shírín, Spermaceti, Isinglass yane machhlí kí aṅt ká saresh, aur mom.

S.—Zaḥm sáf karnewálí dawá kis ko kahte haiñ ?

J.—Jo dawá ki tásír safáí dumbal aur rafá karne luqbdár mádah ká jo ragon men lagjátá hai aur unko band kardetá hai.

S.—Jo adwiyah ki batour zaḥm sáf karnewálí mustámil haiñ nám unká un riṇ se bayán karo ?

J.—Shahd aur sohágá, Oxymel, Liniment of Verdigris yáne zungár ká, aur Solution of Sulphate of Copper yáne nilá thothe ká.

S.—Pasíná lánewálí dawá kisko kahte haiñ ?

J.—Jis dawá se kí áhiste áhiste pasíná ziyádah nikalne lage, magar bahut na nikle, maslan qalíl miqdár Tartar Emetic, Sweet Spirits of Nitre, Liquor Ammonia Acetatis, namkín bulbule uṭhánewálá pání yáne Saline Effervescing Draughts, qalíl mutad Dover's Powder kí, yá Ipecacuanha, safúf káfúr, mushk aur afím, garm rakhná bímár ko bistar men, aur usko garm cháḥ, alsí kí cháḥ, pích yá cháwal ká pání piláná bahut tásír baḥsh hotá hai, aur is tajwíz se kuchh zarar nahín hotá.

S.—Raqíq karnewálí dawá kisko kahte haiñ ?

J.—Pání ke muwáfíq bahnewálí chízen jo ḵhún kí riqqat ko ziyádah karen, aur talḥí aur luqḥ har qism ke sayál ká jo jism se nikalne aur ḵháriḵ hone kí tásír rakhte haiñ kam kare.

S.—Mashhúr dawáen raqíq karnewálí jo aksar mustámil hotí haiñ wuh kon kon haiñ ?

A.—Cold water; Almond emulsion, Linseed tea and rice-water.

Q.—What is a Discutient?

A.—Any substance which possesses the power of repelling or resolving tumours.

Q.—Name some of the articles usually employed as Discutients?

A.—Plaisters composed of Ammoniacum with or without Mercury, Galbanum, Soap and Mercurial plaisters, and Mercurial liniments.

Q.—What is a Diuretic?

A.—A medicine which, when taken internally, increases the secretion by the kidneys, and by consequence the flow of urine.

Q.—What are the chief Diuretics?

A.—Cream of Tartar, Nitrate of Potash, Squills, Digitalis, Juniper, Copaiba, Cantharides, Muriate of Ammonia, Jalap and Elaterium.

Q.—What is the meaning of the word Drastic?

A.—It is applied to those medicines which are very violent in their action, as Elaterium and Gamboge, which are called Drastic Purgatives; and the Sulphates of Zinc and Copper and Tartar Emetic, which are called Drastic Emetics.

Q.—What is an Emetic?

A.—A medicine which has the power of evacuating the contents of the stomach, independent of their quantity or any nauseousness in their taste or odour.

Q.—How are Emetics divided?

A.—Into vegetable and mineral.

Q.—What are the chief vegetable Emetics?

A.—Ipecacuanha, Squills, powdered white mustard seeds, Infusion of Chamomile flowers, Tobacco and Asarabacca.

Q.—What are the chief Mineral Emetics?

A.—The Tartrate of Antimony, the Sulphates of Zinc and Copper, the Subacetate of Copper and Ammonia.

Q.—What is an Emmenagogue?

A.—Any medicine which possesses the power of promoting the monthly discharge by the Uterus.

Q.—How are Emmenagogues divided?

J.—Sard pání, Emulsion bádám ká, Linseed tea yáne alsí kí cháh, aur cháwal ká pání.

S.—Tahlíl karne wálí dawá kisko kahte haiñ ?

J.—Jis shai men ki kḥawás dafá karne yá tahlíl karne warm ká hotá hai.

S.—Jo dawá ki aksar batour tahlíl istámál men átí haiñ unká nám bayán karo ?

J.—Pláster bunne hooe Ammoniacum ke bashamúl yá biláshamúl símáb, Galbanum, Sábun, aur Plaster símáb aur Liniment símáb.

S.—Pesháb láne wálí dawá kisko kahte haiñ ?

J.—Wuh dawá ki jiske píne se ratúbát jism baráh gurda judá howe, aur usse pesháb ziyádah rawán hojáwe.

S.—Mashhúr dawáen kon kon sí haiñ ?

J.—Cream of Tartar, shorah, janglí piyáz, Digitalis, Juniper yáne saro kolí, Copaiba, Cantharides yá 'Teliní makkhí, Muriate of Ammonia, Jalap aur Elaterium.

S.—Kyá máne hai lafz Drastic ke ?

J.—Yeh hai un dawáen ke liye mustámil ki jinká asar bahut tez hotá hai, maslan Elaterium aur Gamboge, yih dawáen Drastic Purgative yáne mashal tez kahlátí haiñ, aur Sulphates of Zinc aur Tábábí, aur Tartar Emetic, yih dawáen Drastic Emetic, yane tez muqáí kahlátí haiñ.

S.—Rad láne wálí dawá kisko kahte haiñ ?

J.—Jo dawá ki kḥawás sáf karne mawád medeh ká rakhtí hai bazaria qy ke aur miqdár dawá, aur uske bad záíqa, aur badbúdár hone se kuchh iláqa nahín.

S.—Rad láne wálí dawáen kyunkar taqsím kí gaí haiñ ?

J.—Darmiyán nabátátí aur khání ke.

S.—Mashhúr nabátátí qyáwar dawáen kon kon sí haiñ ?

J.—Ipecacuanha, janglí piyáz, safúf safed ráí ká, Infusion of Chamomile Flowers, tambákoo aur Asarabacca.

S.—Mashhúr khání qyáwar dawáen, kon kon sí haiñ ?

J.—Tartrate of Antimony, Sulphates of Zinc aur Copper yáne Tábábí, Subacetate of Copper aur Ammonia.

S.—Haiz láne wálí dawá kis ko kahte haiñ ?

J.—Jo dawá ki kḥawás ziyádah ikhráj máhí yáne haiz ká rakh-tí ho.

S.—Haizáwar dawáen kyunkar taqsím kí gaí haiñ ?

A.—Into Stimulating, as Mercurial and Antimonial preparations: into Irritating as Aloes, Savine, and Spanish Flies: into Tonic, as the preparations of iron, the cold bath and exercise: into Antispasmodic, as Assafœtida, Castor, and warm foot baths.

Q.—What is an Emollient ?

A.—Any remedy, which when applied to the solids of the body, renders them more soft, lax, and flexible.

Q.—How are Emollients divided ?

A.—Into humectant, as warm water and tepid vapours ; into relaxing, as marshmallows and linseed ; into lubricating, as bland oils, fat and lard ; and into atonic, as opium and the foot bath.

Q.—What is an Emulsion ?

A.—A composition in which oils and oily fluids, or other substances which are not soluble in water, are suspended in water fluids, by means of viscid substances, such as mucilages or syrups.

Q.—What are the principal emulsions in use ?

A.—Sweet Almonds and Gum Arabic, Assafœtida, Gum Ammoniacum and Camphor.

Q.—What is an Enema ?

A.—A Clyster, a liquid or Gaseous form of Medicine thrown into the rectum, mostly for the purpose of emptying the bowels of Fœces.

Q.—Name some other uses of an Enema ?

A.—For relaxing the powers of the body, and producing fainting, as when the fumes of tobacco are sent into the rectum, in order to effect the reduction of a strangulated gut. For the purpose of killing worms in the rectum, as the Threadworm: for defending the bowels from the irritation of bile, or any acrimonious secretion: for restraining a Diarrhœa: for nourishing the body when food cannot be received or be kept in the stomach: for allaying spasms in the stomach, bowels, lungs, kidneys, or other parts.

Q.—What is an Epispastic ?

A.—Any substance which is capable, when applied to the surface of the body, of producing a thin serous fluid from the exhalants,

J.—Darmiyán mufarraḥ, jaise ki Mercurial aur Antimonial Preparations: darmiyán jaláníwálí, jaisá kí Elwa, Savine aur Spanish Flies yáne Teliní makkhí: darmiyán muqawwí, maslan dawáen baní howen lohá ke, naháne ṭhande pání se, aur chhal qadmí karná: darmiyán dáfa tashannuj ke, jaisá kí híng, Castor, aur garm pání se nahána.

. *S.*—Mulayyan dawá kisko kahte haiñ ?

J.—Jo dawá kí jism ke saḡht azá ko lagáí jáwe, aur usko narm mulayyan aur mutharrik karde.

S.—Mulayyan dawáen kyunkar taqsím kí gaí haiñ ?

J.—Darmiyán martúbí, jaise garm pání, aur bukhárát ním-garu; darmiyán ḡhílá karnewálí, jaise Marshmallows aur alsí; darmiyán chíkne, jaisá kí muláim tel, charbí, aur suar kí táí huí charbí; aur darmiyán atonic, jaise afím aur pashoya karná.

S.—Chikní dawá kisko kahte haiñ ?

J.—Dawá murakkab jis men tel aur chikní chízen, aur aisi chízon se jo pání men nahín galtín haiñ, aur jab kisí qism ke pání men ḡhálí jáwen, basabab luḡbdár hone ke pání men na milen balki uskí sataḥ par tair ke rahen, jaisá kí Mucilages yá Syrups.

S.—Mashhúr chikní dawáen kon kon se mustámil haiñ ?

J.—Badám snírín, Gum Arabic, híng, Gum Ammoniacum, aur kafúr.

S.—Pichkárí kí dawá kisko kahte haiñ ?

J.—Pichkárí kí dawá raqíq yá roshan hawá kí qism kí dawá jo dubar yáne Rectum men díjátí hai, aksar wáste ḡhálí karne antaryon ke baraz se uská istámál kíyá játa hai.

S.—Chand fawáyad dígar pichkárí ke bayán karo ?

J.—Wáste ḡhílá karne táqat jismí ke, aur paidá karne behoshí ke, jaisá kí tumákoo kí dhúní dubar men dene se khuljáte haiñ, band ánt. Wáste már ḡalne kíron ke jo dubar men paidá hote haiñ, jaisá kí Threadworm kírá: wáste mahfúz rakhne antaryon ke pit kí tezí se, yá koí tezí mawád se: wáste rokne ishál ke: wáste tázgí jism ke jabki ḡhurák mádah men nahín pahunchtí hai, aur nahín ṭhahartí; wáste kam karne tashannuj, mádah, antaryon, phepre, gurdah, yá dígar azá ke.

S.—Jild ookhárnewálí dawá kisko kahte haiñ ?

J.—Koí shai jo istámál kí játa hai wáste jild ukhárne ke, jo jism ke sataḥ par lagáí jáwe, to usse bukháruṭṭhkar khál ubhar jáwe, aur

which raises the cuticle and forms the appearance of a vesicle or blister, such as the vinegar of Spanish flies.

Q.—What is an Errhine ?

A.—Any substance applied to the internal membrane of the nose excites sneezing, and increases the secretion in it, as powdered Tobacco, Assarabaca, white Hellebore and Veratrine.

Q.—What is an Escharotic ?

A.—Any substance that has the power of destroying any portion of the body to which it is applied by the formation of a slough.

Q.—How are Escharotics divided ?

A.—Into Eroding, as blue vitriol and burnt alum, and into Caustic, as the Nitrate of Silver, Potassa fusa, and the mineral acids.

Q.—What is an Expectorant ?

A.—Any thing which increases the discharge of mucous from the lungs.

Q.—How are Expectorants divided ?

A.—Into Nauseating, Stimulating, Irritating, and Antispasmodic.

Q.—Give examples of each sort ?

A.—Nauseating, as Ipecacuanha, small doses of Tartar Emetic, Squills, Ammoniacum, and Garlic; Stimulating, as Horehound Irritating, as fumes of tobacco and acid vapours; Antispasmodic, as Blisters, warm baths and watery vapours.

Q.—What is a Febrifuge ?

A.—That which possesses the property of abating the violence; of any fever.

Q.—Name some of the articles usually employed as a Febrifuge ?

A.—Quinine, the different kinds of Cinchona Bark, Kutkuleja, Narcotine, Antimony and Mercury.

Q.—What is a Gargle ?

A.—A wash for the mouth and throat.

Q.—How are Gargles divided ?

A.—Into Stimulating and Astringent, as the infusion of Roses, and diluted Sulphuric Acid, or the infusion of red pepper and vinegar,

basahakl áblah ke namúd howe, aur usmen patlá zard pání paidá howe, jaisá ki Spanish Fly ká sirká.

S.—Chhínk láne wálí dawá kisko kahte haiñ ?

J.—Jo shai ki andar ná k ke lagáí jáwe to usse chhínk áwe, aur rezish ziyádah howe, jaisá ki písá huá tumákoo, Assarabaca, Kootkí sufed aur Veratrine.

. S.—Kátnewálí zaḥm kí dawá kisko kahte haiñ ?

J.—Koí shai jo jism par lagáí jáwe, aur us jagah se jism ko chhichṛá karke galá de.

J.—Adwiya zaḥm kátnewálí kyunkar taqsím kí gaí haiñ ?

J.—Darmiyán Eroding, yane khánnewálí gosht kí, jaisá ki nílá thothá aur phiṭkírí baryán, aur darmiyán Caustic, jaisá ki Nitrate of Silver, Potassa fusa, aur tezáb khání.

S.—Kaf dafa karnewálí dawá kisko kahte haiñ ?

J.—Koí shai ki jo ikhráj kaf ká phephṛe se ziyádah kare.

S.—Kaf dafa karnewálí dawá kyunkar taqsím kí gaí haiñ ?

J.—Durmíyán jí machlánnewálí, mufarraḥ, jalánnewálí, aur dáfa tashannuj.

S.—Harek qism ke misál do ?

J.—Jí machlánnewálí dawá, maslan Ipecacuanha, miqdár qalíl Tartar Emetic, janglí piyáz, Ammoniacum, aur lahsan ; mufarraḥ, adwíyáh jaisá ki Horehound ; jalánnewálí, maslan dhúní tumákoo aur buḥhárát tezáb ; dáfa tashannuj, jaisá ki Blister, ghusl karná garm pání se, aur buḥhárát pání ke.

S.—Dáfa buḥhár dawá kisko kahte haiñ ?

J.—Jo dawá kí ḵhawás kam karne shiddat buḥhár ká rakhtí ho.

S.—Dáfa buḥhár dawáon men se jo aksar istamál men áttí haiñ unká nám bayán karo ?

J.—Quinine, kaí qism ke Cinchona Bark, kutkuleja, yane kar-runjwah, Narcotine, Antimony aur párá.

S.—Ḡharghrah kí dawá kis ko kahte haiñ ?

J.—Munḥ aur halaq ke dhone kí dawá ko kahte haiñ.

S.—Ḡharghrah kí dawáon kyunkar taqsím kí gaí haiñ ?

J.—Darmiyán mufarraḥ aur qabiz, jaisi kí ḵhisánda guláb, aur Diluted Sulphuric Acid, yáne patlá gandhak ká tezáb, yá ḵhisánda lál

and into Mucilagenous and soothing, as rice water, barley water, or linseed tea.

Q.—What is an Hydragogue ?

A.—Any medicine which possesses the property of increasing the secretions or excretions of the body, so as to cause the removal of water from any of its cavities, such as the Cathartic purgatives, Elaterium, and Compound Jalap Powder.

Q.—What is an Irritant ?

A.—Any thing applied to the surface of the body causing irritating unpleasant sensation, with heat and redness, as Caustic or any of the mineral acids.

Q.—What is a Laxative ?

A.—A medicine which promotes a discharge from the bowels with considerable ease, without very copious discharge or pain during its operation, and without any general excitement of the system.

Q.—Give examples ?

A.—Manna, Castor oil, Sulphur, alone or combined with Cream of Tartar, Rochelle, and some other neutral salts.

Q.—What is a Lithontriptic ?

A.—Medicines supposed to have the power of dissolving stone in the bladder, or of removing a disposition in the body to the formation of a calculus, as the Carbonates of Magnesia and Potash, and the Liquor Potassæ.

Q.—What is an Opiate ?

A.—A medicine into whose composition Opium enters in some of its forms.

Q.—What is a Parturifacient ?

A.—That which taken internally, causing the expulsion of the Fœtus from the womb, as the Ergot of Rye.

Q.—What is a Purgative ?

A.—Any medicine which quickens or increases alvine evacuations.

Q.—Do Purgatives vary in the manner in which they produce their effects ?

A.—Yes; some act merely by exciting the muscular fibres of the intestines to increased peristaltic motion, and thus cause their contents to be more quickly and completely evacuated, as Jalap,

mirsch ká aur sirká, aur darmiyán Mucilagenous yáne luábdár aur Soothing, yáne taskín denewálee, maslan pích, jou ká pání, yá cháh alsí kí.

S.—Patlá dast láne wálee dawá kis ko kahte haiñ ?

J.—Jo dawá kí jism se nikálne wálee Secretions yá Excretions mawád ko ziyádah kare, jaisa kí pání jism ká kisí rastá jism se khárij hotá rahe, maslan mushil, Elaterium aur Compound Jalap Powder.

S.—Jalánewálee dawá kisko kahte haiñ ?

J.—Koi shai kí upar jism ke lagálee jáwe us sabab se jalan nagá-wár hiss, sáth garmí aur surkhí ke málúm howe, jaisá Caustic yá koi tezáb khání.

S.—Peñ narm karne wálee dawá kis ko kahte haiñ ?

J.—Jo dawá kí anñriyon meñ se bahut ba-asání mawád ikhrájj kare, magar bahut kasrat se mawád khárij ne howe, aur us dawá kí tásír hone meñ bahut tabiát ko dard ne málúm howe, aur kisse nau kí tabrík tabiát par tahik ná howe.

S.—Is ke mísal do ?

J.—Manna, arandí ká tel, gandhak, tunhá yá milá huá sáth Cream of Tartar, Rochelle aur dígar Neutral Salts ke.

S.—Dafá sang masáná dawá kisko kahte haiñ ?

J.—Jin dawáon meñ yeh quwwat samjhí játee hai kí sang másána ko galáweñ, yá usse mailán paidá howe Calculus ká jism se rafá hojáwe, maslan Carbonates of Magnesia aur Potash, aur Liquor Potassæ.

S.—Khwábáwar dawá kisko kahte haiñ ?

J.—Jo dawá kisí qism kí ufím se murakkab howe bích báze aqsám uske ke.

S.—Musqit dawá kis ko kahte haiñ ?

J.—Jo dawá ke jism ke andar pahunchne se rahhm ke bachche ko khárij kare, maslan Ergot of Rye.

S.—Dastáwur dawá kis ko kahte haiñ ?

J.—Jo dawá kí jaldí mawád ko khárij kare aur dast ziyádah láwe.

S.—Kyá koi taur se mushil ke tásír hotí hai ?

J.—Waqá meñ kaí taur se mushil ke tásír hotí hai, báze mushil ke tásír is taur se hotí hai kí anñriyon ke putñhon ke reshá ússe khañe hojáte haiñ aur wuh harkat Peristaltic hai, aur isí sabab se

Kaladana, Aloes, Scammony, Rhubarb and Colocynth ; some stimulate the mucous follicles and exhalants, so that a larger quantity of fluids than usual is excreted from the inner coat of the intestines, and thus the fœcal evacuations are rendered more liquid and more copious, as the Sulphates of Magnesia and Soda, the Phosphate of Soda and Tartrate of Soda. Others so stimulate the neighbouring viscera as to occasion a more copious discharge of the Bile and Pancreatic liquor, as Calomel and Blue pill.

Q.—What is the meaning of a Drastic purgative ?

A.—Any purgative that acts in a very violent manner, as Croton Oil, Gamboge and Scammony.

Q.—What is a Refrigerant ?

A.—A medicine or application intended to diminish the morbid heat of the body.

Q.—Name some of the articles usually employed as Refrigerants ?

A.—Internally, Iced water, Vinegar, Lemon Juice, the Nitrate of Potash, Vegetable Acids, Tartaric Acid and Cream of Tartar ; externally, Ice, cold water, Goulard wash, Vinegar, Muriate of Ammonia and Sugar of Lead.

Q.—What is a Repellant ?

A.—Any application which makes a disease recede from the surface of the body.

Q.—What is a Rubefacient ?

A.—Any substance employed to give to the skin a degree of irritation less than what is given by a blister.

Q.—Name a few Rubefacients commonly employed ?

A.—Hot water, Spirits of Wine, Acetic Acid, Solution of Ammonia, Tartrate of Antimony and Potash, and the Hydriodate of Potash.

Q.—What is a Sialogogue ?

A.—Any medicine which has the power of increasing the flow of saliva, such as the different preparations of Mercury, Squills, Nicotine and Pepper or Ginger.

Q.—What is a Stimulant ?

mawád unká jald aur bilkul sáf hojátá hai, maslan Jalap, Kala-dáná, Elwa, Sukmooniya, rewund chíní, aur Colocynth; baze dawáen Mucous Follicles aur Exhalants ko mufarraah karte haiñ, kí usse khárij hone wáí muwád sriyál ho, banisbat mámulí ke ant-aryon ke andar se ziyádah nikalte haiñ, aur is sabab se dast ziyádah patle our ziyádah hojáte haiñ, maslan Sulphates of Magnesia aur Soda, Phosphate of Soda, aur Tartrate of Soda. Baz dawáen áspás ke mawád ko tárík kartí haiñ takí pit aur Pancreatic pání ziyádah aur baḡhubí khárij ho jáwe, maslan Calomel aur Blue pill.

S.—Drastic Purgative se kyá murád hai ?

J.—Koi dáwá mushilá ke bashiddat aur tezí se tásír kare, maslan jamálgoṭe ká tel, Gamboge aur Sukmooniya.

S.—Dafá garmí kí dáwá kisko kahte haiñ ?

J.—Jo dáwá kí kháne yá lagáne se jism ke maraz kí garmí ko kam kare.

S.—Jo dawáen ki aise aksar istámál men áti haiñ unká nám bayán karo ?

J.—Dawáen ki andar jism kí pahuncháí jáwen, jaise barf ká pání, Sirká, araq Limon ká, shorah, tezáb nabátátí, Tartaric Acid, aur Cream of Tartar; aur jo dawáen ki jism ke upar mustámál hon, jaise barf, sard pání, Goulard pání, sirká, Muriate of Ammonia aur Sugar of Lead.

S.—Khárij karnewálí dáwá kisko kahte haiñ ?

J.—Jis dáwá ke lagáne se maraz jism ke satah se haṭ jáwe ?

S.—Surḡh karnewálí badan kí dáwá kisko kahte haiñ ?

J.—Jis dáwá se ki jism ko Blister ki taklíf ki nísbat kam sozish pahunchhe.

S.—Jo dawáen surḡh karne wáí badan ki aksar mustámil haiñ unká nám bayán karo ?

J.—Garm pání, Spirits of Wine, Acetic Acid, Solution of Ammonia, Tartrate of Antimony aur Potash, aur Hydriodate of Potash.

S.—Joshe dahan kí dáwá kisko kahte haiñ ?

J.—Jo dáwá ke munḡh kí rál ko ziyádah kare, maslan muḡhtalíf adwiya murakkab párá ke, janglí piyáz, Nicotine aur mirch yá sonṡh.

S.—Mufarraah adwiyah kisko kahte haiñ ?

Q.—What is a Stomachic ?

A.—A term commonly used to denote any medicine which is believed to be beneficial to the stomach, and to promote the powers of digestion.

Q.—What medicines are commonly given to act as Stomachics ?

A.—Rhubarb, Aloes, Myrrh, Pepper, Ginger and various condiments are often given.

Q.—What is a Styptic ?

A.—Any substance which possesses the power of stopping hæmorrhage.

Q.—Name some of the articles usually employed as Styptics ?

A.—Ice, Alum, Turpentine, and the Muriated Tincture of Iron.

Q.—What is a Sudorific ?

A.—Any medicine which increases the exhalation by the skin in such a quantity, that it appears on the surface in a liquid form.

Q.—How many kinds of Sudorifics are there ?

A.—Three, viz., those which promote sweat by stimulating the vessels of the skin, as external heat, friction, or medicines which taken into the circulation, exert their influence on the skin, as mercurial medicines and sulphur, or those which being applied to the stomach act on the skin by its sympathy with that organ, thus cold drinks sometimes prove powerful Sudorifics; second, those which increase the general action of the vascular system, as the warm bath, violent exercise, Alcohol, Ammonia and Guaiacum; third, those which relax the construction of the perspiring vessels

J.—*Adwiyat*, yá dígar hálat men jinse mizáj kí quwwat ko har-
kat howe, yane usse andar jism ke riqqat howe yá jism ko har-
kat pahunchhe.

S.—*Kyonkar* mufarrah dawáen taqásim kí gaí haiñ ?

J.—*Darmiyán* qábil intishár, jaisá kí *Alkali urnewálí*, *Electri-*
city, yane jazb, aur garmí; *darmiyán* andarúní, jaisá kai qism ke
arq, sharáben, garm masálá, mushk, *Castor*, *Ammonia*, aur garm
noshidní, jaisá chábh, pích, cháwal ká pání, yá shorbe; aur dar-
miyán adwiyah, jo muqám marz par lagái jáwe, jaisá *Spanish Flies*,
yane *Teliní makkhí*, *Alcohol*, *Æther*, *Ammonia*, *Caustic*, *Creasote*,
nflá thothá, *Chloride of Zinc*, *Nitrate of Mercury*, *Arsenious Acid*,
yane tezáb saṅkhiyá ká, aur tamám tezúb khání.

S.—*Muqawwí* miuduh dawá kisko kahte haiñ ?

J.—Jo dawá kí aksar is istiláh men mustámil haiñ kí miuduh ke
haq men mufid hon, aur taqwíyat hazúma ko ziyádah kare.

S.—Kon kon sí dawáen aksar muqawwí miuduh mustámil hotí hai ?

J.—*Rewand chiní*, *Elwa*, *murr*, *mirch*, *sonṭh* aur mutfarriq qism
ke masálah aksar diye játi haiñ.

S.—*Khún* band karnewálí dawá kisko kahte haiñ ?

J.—Jo dawá lí khún ko band kare.

S.—Jo dawáen aksar wáste khún band karne ke mústámil hotí
haiñ unká nám bayán karo ?

J.—*Barf*, *phiṭkírí*, *turpan tel*, aur *Muriated Tincture of Iron*.

S.—*Pasíná* lánewálí dawá kisko kahte haiñ ?

J.—Jo dawá kí jism se is qadar bukhárát uṭháwe kí wuh bukhá-
rát bashakl pání satah par jism ke namúdár howen.

S.—*Pasíná* lánewálí dawáen kai qism kí hotí haiñ ?

J.—*Tín*, awwal, jo kí jism kí ragon ko tárík karke pasíná khárij
karen, maslan báhar kí garmí, málísh, yá jo dawáen kí jism ke
mawád siyál ke sáth shámil hokar jism ke post par tásír karen,
maslan dawáen párah aur gandhak kí, yá jo adwiyah kí madah par
lagái jáwen basabab muwáfqat yá miuduh post par tásír karen, mas-
lan ṭhandáien baz auqát pasíná láne men bahut muqawwí hote haiñ;
doyam, jo dawáen kí *Vascular System*, yane ragon kí harkat ko ziyá-
dah karen, jaisá garm pání men ghusl karná, bahut mahnat, *Alcohol*,
Ammonia aur *Guaiacum*; seyam, jo dawáen kí inqibáz raghá pasíná

as Antimonial preparations, the cold effusion and saline diaphoretics.

Q.—What is a Suppurative?

A.—Any thing which, when applied to the body, causes that morbid action by which pus is deposited in inflammatory tumours.

Q.—What is usually employed to cause Suppuration?

A.—Hot fomentations and poultices of different kinds, either medicated or not.

Q.—What is a Tonic?

A.—Any thing which increases the tone or strength of the muscular fibres.

Q.—How are Tonics divided?

A.—Into Alterative, Antispasmodic, Astringent, Bitter and Convulsive.

Q.—Name some of the Alterative Tonics?

A.—Sarsaparilla, Ununtamool, Guaiacum, Mezerion, and Serpentry.

Q.—Name some of the Antispasmodic Tonics?

A.—Ammonia, Musk, Valerian, Assafoetida, Castor, Galbanum, and Meadow Saffron.

Q.—Name some of the Astringent Tonics?

A.—Cinchona Bark, Logwood, Oak Bark, Gallnuts, Pomegranate, Rhubarb, Catechu, Alum, Sugar of Lead, Sulphates of Copper and Zinc, Nitrate of Silver and Corrosive Sublimate.

Q.—Name some of the Bitter Tonics?

A.—Quinine, Gentian, Quassia, Chyryatta, the different kinds of Peruvian Bark, Chamomile flowers, Extract of Rusot, Iceland Moss and Wormwood.

Q.—Name some of the Convulsive Tonics?

A.—Assafoetida, Valerian, Galbanum, Nux Vomica, Arsenical Solution, Blue Pill, Calomel, and the preparations of Iron.

áwar ko khole, jáisá adwiyah murakkab Antimony ke, sard paní dāl-ná aur namkín arq áwar.

S.—Píb paidá karnewálí dawá kisko kahte hain ?

J.—Jo dawá ki jism par lagáí jáwe to usse aísí tásír paidá ho ki rádh warm muhraz men jama hojáwe.

S.—Aksar kon kon sí chízen wáste pakáne ke kám men áti hain ?

J.—Garm sínken aur kaí qism kí luprín, khwá murakkab hon khwá ghair murakkab.

S.—Muqawwí dawá kisko kahte hain ?

J.—Jo dawá ki harkat aur táqat reshá putthon kí ziyádah kare.

S.—Adwiya muqawwí kis tarah par taqásim kí gaí hain ?

J.—Darmiyán Alterative; Atispasmodic, Astringent, Bitter aur Convulsive.

S.—Chand adwiya badan sudhárnewálí muqawwí men se unká nám bayán karo ?

J.—Ushbá, Ununtmúl, Guaiacum, Mezerion, aur Serpentry.

S.—Chand adwiya dáfa tashannuj muqawwí men se unká bayán karo ?

J.—Ammonia, mushk, Valerian, híng, Castor, Galbanum, aur zaf-rán.

S.—Chand adwiya qábiz muqawwí men se unká nám bayán karo ?

J.—Cinchona Bark, sandal surkh, chhál balút, májúphal, anár, rewand chíní, katthá, phitkirí, Sugar of Lead, Sulphates of Copper yane támba aur Zinc ká, Caustic aur raskupúr.

S.—Chand adwiya talh muqawwí men se unká nám bayán karo ?

J.—Quinine, Gentian, Quassia, Chyryatta, kaí qism ke Peruvian Bark, gul babúná, Extract of Rusot, Iceland Moss aur Uisuntín Rómí.

S.—Chand adwiya Convulsive muqawwí men se unká nám bayán karo ?

J.—Híng, Valerian, yane Billí Loṭun, buríja, Nux Vomica, Sankhiá ká pání, Blue Pill, Calomel, yane pára ká kushtá, aur murakkabát lohe kí.

PART II.
ON THE
MATERIA MEDICA.

BA'B DOYAM.



DAR BAYA'N DAWA' SA'ZI'.

PART II.
ON THE
MATERIA MEDICA.



TABLE.

*Regulating the ordinary proportion of doses according to the age
of the patient.*

| | | |
|----------------|------------------------------|-----------------------|
| 1 | For an adult, | 1 drachm. |
| $\frac{3}{4}$ | From 21 years to 14, | 2 scruples. |
| $\frac{1}{2}$ | From 14 years to 7, | $\frac{1}{2}$ drachm. |
| $\frac{1}{4}$ | From 7 years to 4, | 1 scruple. |
| $\frac{1}{4}$ | From 4 years old, | 15 grains. |
| $\frac{1}{8}$ | From 3 years old, | 10 grains. |
| $\frac{1}{8}$ | From 2 years old, | 8 grains. |
| $\frac{1}{12}$ | From 1 year old, | 5 grains. |

Acetum Cantharides, or vinegar of Spanish Flies.

Use.—As an Epispastic, to make an extemporaneous Blister. It is not used internally.

Acetum Colchici, or vinegar of Meadow Saffron.

U.—As a Diuretic in Gout and Rheumatism.

Dose.—Half a drachm to one drachm, in any bland fluid.

Acetum Scillæ, or vinegar of Squills.

U.—Expectorant and Diuretic.

D.—Half a drachm to two drachms in any Aromatic distilled water.

Acetic Acid, or the Acidum Aceticum.

U.—Acetic Acid when diluted is refrigerant, and is given in Hæmorrhage, especially in cases where the Acetate of Lead has been given, as it increases the solution of that salt. Externally it is used as a lotion, which has lead in it.

Acidum Benzoicum, or Benzoic Acid.

BA'B DOYAM.

DAR BAYA'N DAWA' SA'ZI'.



NAQSHA.

Bábat maṃúlí miqdár adwiyat bamújib umr bímár ke.

| | |
|---|-----------------------|
| 1 Hissa wáste báligh ke, | 1 drachm. |
| $\frac{2}{3}$ Do suls az ikkís lagháyat chaudah sál, .. | 2 scruples. |
| $\frac{1}{2}$ Nisf az chaudah tá sát sál, | $\frac{1}{2}$ drachm. |
| $\frac{1}{3}$ Suls az haft sál tá chahár sál, | 1 scruple. |
| $\frac{1}{4}$ Jo larḳá chahár sál ká ho, chaháram hissa, .. | 15 grains. |
| $\frac{1}{6}$ Aur jo ba umr se sál ho, chaṭá hissa, | 10 grains. |
| $\frac{1}{8}$ Aur jo ba umr do sál ho, áṭhwān hissa, .. | 8 grains. |
| $\frac{1}{12}$ Aur jo ba umr ek sál ho, bárahwān hissa, .. | 5 grains. |

Acetum Cantharides, yaṇe sirká Spanish Fly ká.

Fáidah.—Batour Epispastic, wáste jald banáne Blister ke yih dawá kám átí hai. Yih dawá pilái nahín játí.

Acetum Colchici, yaṇe sirká zafrán midú ká.

F.—Yih dawá wáste idrár ke baárzah niqras aur gaṭhyá ke dete haiṇ.

Miqdár.—Nisf drachm se ek drachm tak, kisí narm saiyál meṇ díjáwe.

Acetum Scillæ, yaṇe sirká jaṅglí piyáz ká.

F.—Wáste kaf nikálne aur idrár pesháb ke dete haiṇ.

M.—Nisf drachm se do drachm tak kisí ḵhushbúdár ṭapkáe húa pání meṇ díjáwe.

Acetic Acid, yá Acidum Aceticum.

F.—Jab yeh dawá pání meṇ milái jáwe tab tásír uskí sard hotí hai, aur Hæmorrhage, yaṇe ijræe ḵhún kí bímárí meṇ díjátí hai, ḵhasús us súrat meṇ jab kí Acetate of Lead díyá játá hai, iswáste kí yih dawá us súrat meṇ us namak ko galá detí hai, kí jo murakkab shíshe se ho, báhar jism par lagáne se yih dawá ba-taur Lotion, yaṇe gházah mustamil hotí hai.

Acidum Benzoicum, yaṇe Benzoic Acid, lobán ká sat uráyá huá.

U.—Stimulant and expectorant, but seldom used except in making the Compound Tincture of Camphor or Paregoric Elixir.

Acidum Citricum, or Citric Acid.

U.—Refrigerant, combined with Potash or Ammonia.

D.—Ten grains to half a drachm.

Acidum Hydrochloricum, or Muriatic Acid.

U.—Internally it is seldom used except in cases of Scarlatina and Typhus Fever. Occasionally it is given as a Vermifuge, mixed in an Infusion of Quassia.

D.—Five to twenty minims three or four times a day.

Acidum Hydrocyanicum Dilutum, or Diluted Prussic Acid.

U.—Sedative, allaying pain, checking vomiting, and calming irritation of the intestines, given therefore in incipient Cholera, Colic, Gastric Inflammation, and in many Spasmodic diseases, especially Asthma.

D.—One to three drops, with a table spoonfull of sugar and water.

Acidum Nitricum, or Nitric Acid.

U.—It is seldom used internally, but externally it is sometimes as an Escharotic.

Acidum Nitricum Dilutum, or Nitric Acid Diluted.

U.—Antiphlogistic, Tonic, Diuretic and Lithontriptic, very useful in obstinate Syphilis and Chronic Inflammation of the Liver.

D.—Minims five to forty, three times a day.

Acidum Phosphoricum Dilutum, or Diluted Phosphoric Acid.

U.—Tonic, and given to correct those morbid states of the system in which a tendency exists to unusual depositions of Phosphate of Lime as in Exostosis, and to allay thirst in cases of Diabetes.

D.—Minims twenty to sixty, three times a day.

Acidum Sulphuricum Dilutum, or Diluted Sulphuric Acid.

F.—Yeh dawá muharrik aur kaf nikálnewálí bahut kam mustāmil hai, magar sirf wáste banāne Compound Tincture Camphor ke yá Paregoric Elixir ke kām áttí hai.

Acidum Citricum, yāne Citric Acid, Limon ká ras jamayá húa.

F.—Sardí paidá kartá hai jab ki sajjí yá nousádar ke sath ámez kíyá jáwe.

• *M.*—Das grain se nisf drachm tak.

Acidum Hydrochloridum, yāne Muriatic Acid, namak ká tezáb.

F.—Yih dawá wáste píne ke bahut kām mustāmil hai, magar sirf bímárí Scarlatina aur Typhus bukhár men píte haiñ. Kabhí kabhí wáste kharíj karne kirm ke díjátí hai, aur Quassia, yāne taj ke khisāndah men milákar usko píte haiñ.

M.—Pāñch se bís minim, yāne qatrah tak ek din men tīn chār martabah dete haiñ.

Acidum Hydrocyanicum Dilutum, yāne Diluted Prussic Acid.

F.—Wáste áram dene, aur kam karne dard ke, aur qai ko rafa karne, aur antaryon kí sozish mauqúf karne men mustāmil hotí hai, aur yih dawá bímárí haizáñ ke shuru men díjátí hai, aur baárzah qúling aur sozish peñ ke, wa dígar maroñ paidá karnewálí marzon ke díjátí hai, khasús baárzah zígunnafs ke.

M.—Ek qatrah se tīn qatrah tak, bashámúl ek majhole chamche shakkar aur pání ke píte haiñ.

Acidum Nitricum, yāne Nitric Acid, tezáb shore ká.

F.—Is dawá ko andar jism ke bahut kam pahuncháte haiñ, magar kabhí kabhí báhar se wáste galáne jism ke istāmál karte haiñ.

Acidum Nitricum Dilutum, yāne Diluted Nitric Acid.

F.—Dáfa sozish, aur muqawwí, medch aur mudir, aur wáste galáne pathrí, baárzah Syphilis shadíd, aur darpáh sozish jigar ke mufíd hai.

M.—Pāñch minim se chálís minim tak, tīn martabah ek din men.

Acidum Phosphoricum Dilutum, yāne Diluted Phosphoric Acid.

F.—Wáste muqawwí karne medch ke, aur wáste durust karne hálate bímárí tabíat ke jismen kí bakasrat Phosphate of Lime badan men jamá hojátá hai dete haiñ, jaise ki baárzah Exostosis, aur nez wáste kam karne tishnagí bamarz Diabetes, yāne Ziyabatus.

M.—Bís se sáth minim tak ek din men tīn martabah.

Acidum Sulphuricum Dilutum, yāne Diluted Sulphuric Acid, gandhak ká patlá tezáb.

U.—Refrigerant, Antiseptic, Astringent, Tonic and Diuretic, useful in weakness and relaxation of the digestive organs, in Colliquative Sweats, and in internal Hæmorrhage.

D.—Minims ten to forty, three or four times a day.

Acidum Tartaricum, or Tartaric Acid.

U.—It is not much used alone, but is chiefly employed in making the effervescing powders, with Carbonate of Soda.

D.—Grains twenty-five to thirty.

Æther Sulphuricus, or Sulphuric Æther.

Use.—Stimulant and Antispasmodic, externally as a Refrigerant.

Dose.—Half a drachm to two drachms.

Spiritus Ætheris Nitrici, or Spirit of Nitric Æther.

U.—Refrigerant, Diuretic, Diaphoretic, Stimulant and Antispasmodic.

D.—Half a drachm to two drachms, several times a day.

Spiritus Ætheris Sulphurici Compositus, or Compound Spirit of Sulphuric Æther.

U.—Stimulant and Antispasmodic.

D.—Half a drachm to two drachms occasionally.

Aconitina.

Use.—Not given internally, but externally.

Dose.—One grain mixed with one drachm of Lard, is very useful in Neuralgic affections.

Anarcotine.

U.—As a febrifuge in doses of one-third of a grain to half grain as a substitute for Quinine. In one grain doses, three times a day, it is a valuable Tonic, especially in convalescence after childbirth.

Ammonia Sesquicarbonas, or Sesquicarbonate of Ammonia.

F.—Sardí paidá kartá hai, jism ko sarne se baz rakhtá hai, aur qābiz aur muqawwí medeh aur mudir, aur wáste zauf aursustí azái házmá ke mufíd hai, aur wáste Colliquative Sweats, yañe un bímáriyon ke jin men pasíná bahut kasrat se nikáltá hai, aur wáste andarúní Hæmorrhage, yañe ijráe khún ke bahut mufíd hai.

M.—Das se chálís minim tak, ek din men tín chár martabah dí-jáwe.

Acidum Tartaricum, yañe Tartaric Acid.

F.—Yih dawá kabhí kabhí aláhidah díjátí hai, magar aksar Carbonate Soda ke sáth safúf banáte hain, jis safúf ke pání men dálne se pání ubaltá hai.

M.—Pachchís grain se tís grain tak.

Æther Sulphuricus, yañe Sulphuric Æther.

Fáidah.—Muharrik aur Antispasmodic, yañe dáfaí tashannuj, aur báhar lagáne se tásír uskí bárid hai.

Miqdár.—Nisf drachm se do drachm tak.

Spiritus Ætheris Nitrici, yañe Spirit Nitric Æther ká.

F.—Bárid, aur mudir, aur muárriq, aur muharrik aur dáfaí tashannuj.

M.—Nisf drachm se do drachm tak, ká martabah ek din men.

Spiritus Ætheris Sulphurici Compositus, yañe Compound Spirit Sulphuric Æther ká.

F.—Muharrik aur dáfaí tashannuj.

M.—Nisf drachm se do drachm tak kabhí kabhí.

Aconitina.

Fáidah.—Andar jism ke usko nahín pahuncháte, magar báhar jism par lagáte hain.

Miqdár.—Ek grain Aconitina ká bashámul ek drachm charbí ke, wáste marz Neuralgic ke bahut mufíd hai.

Anarcotine.

F.—Dáfa bukhár hai, miqdár uská ek suls grain se nisf grain tak hai, baiwaz Quinine ke diyá játá hai. Bamiqdár ek grain tín martabah ek din men diyá jáwe, medeh kí quwwat baħshne men, khasúsan bad sihat ke ki bad janne ke hotí hai, bahut umdah dawá hai.

Ammonia Sesquicarbonas, yañe Sesquicarbonate Ammonia ká.

U.—Stimulant, Antispasmodic, Diaphoretic, powerful Antacid, and in large doses Emetic.

D.—Five grains to twenty, but if as an Emetic thirty grains.

Brucine, or the Sulphate of Brucine.

U.—A most powerful convulsive Tonic in Paralytic affections, If an overdose should be accidentally taken, an immediate vomit is the only remedy.

D.—Half grain to one grain, three times a day.

Liquor Ammoniae, or Solution of Ammonia.

U.—Stimulant, Rubefacient and Antacid.

D.—Ten to thirty minims, two or three times a day.

Liquor Ammoniae Acetatis, or Solution of the Acetate of Ammonia, also called Spirit of Mindererus.

U.—Internally Diaphoretic and Diuretic, Externally Refrigerant.

D.—One drachm to an ounce, every three or four hours.

Liquor Ammoniae Sesquicarbonatis, or Solution of Sesquicarbonate of Ammonia.

U.—Stimulant, Diaphoretic and Antispasmodic; should be given in milk or any bland fluid.

D.—Half a drachm to two drachms.

Morphiae Acetas, or Acetate of Morphia.

U.—Sedative and Antispasmodic.

D.—Quarter of a grain to one grain.

Morphiae Hydrochloris, or Muriate of Morphia.

U.—A powerful Sedative and Antispasmodic.

D.—Quarter grain to one grain, gradually increased to two or three grains.

Muriate of Ammonia, or Sal Ammoniac.

U.—Not given internally; a lotion composed of one part of Muriate of Ammonia, dissolved in twenty-four parts of Spirits of Wine, and the same quantity of distilled vinegar, is much used as an external application to bruised parts and indolent tumours; acting as a Refrigerant.

F.—Muharrik, aur dafai tashannuj, aur muarriq, aur wáste rafá karne Antacid ke bahut qawwí hai, aur agar ziyádah miqdár is dawá ká istamál kiyá jáwe to qaiáwar hai.

M.—Páñch grain se bís grain tak, magar wáste láne qai ke tís grain.

Brucine, yane Sulphate Brucine ká.

F.—Baarzah fálij wáste quwwat dene medeh ke bahut qawwí ainhnewálí dawá hai. Agar miqdár muayan se koí shakhs ittafá-qan ziyádah Brucine khá lewe, filfour istafirágh karáná jald dafá-yah uská tajwíz huá hai.

M.—Nisf grain se ek grain tak, ek din men tín martabah.

Liquor Ammoniae, yane Solution Ammonia ká.

F.—Muharrik, Rubefacient, yane lál karnewálá aur Antacid.

M.—Das minim se tís minim tak, do yá tín martabah ek din men.

Liquor Ammoniae Acetatis, yane Solution Acetate Ammonia ká, aur isko Spirit Mindererus kábhí kahte hai.

F.—Agar andar jism ke pahunchhe to mudir aur muarriq, aur jo úpar jism ke mustamil ho to bárid hai.

M.—Ek drachm se ek ounce tak, har tísre chauthhe ghanṭe men istamál uská kiyá jáwe.

Liquor Ammoniae Sesquicarbonatis, yane Solution Sesquicarbonate Ammonia ká.

F.—Muharrik, aur mudir aur dafai tashannuj; yih dawá dúdh ke sáth yá dígar muláim saiyál ke sath díjáwe.

M.—Nisf drachm se do drachm tak.

Morphiae Acetas, yane Acetate Morphia ká.

F.—A'sáish dihandah aur dafai tashannuj.

M.—Chaháram grain se ek grain tak.

Morphiae Hydrochloris, yane Muriate Morphia ká.

F.—Niháyat dard mauqúf karnewálá, aur dafai tashannuj.

M.—Chaháram grain se ek grain tak, batadrij do yá tín grain tak barháyá jáwe.

Muriate of Ammonia, yá Sál Ammoniac.

F.—Andar jism ke nahín mustamil hotí; ek lotion, yane gházah uská ki usmen ek hissah Muriate of Ammonia, aur chaubís hissah Spirits of Wine, our usí qadar tapkáyá huá sirká miláyá jáwe, waste lagáne zakhm aur choṭ yá phoré ke ki bahut arse tak qáim ho bahut mufíd hai; tásír uskí bárid hai.

Quinine Disulphas, or Disulphate of Quinine.

U.—A powerful febrifuge, and an excellent Tonic. This medicine should only be given in intermitting fevers, when the skin is moist, head cool, and the bowels well open.

D.—One to five grains, three or four times a day.

Strychnia, or Strychnine.

U.—In doses of one-eighth of a grain given internally in Paralysis, externally it is used as an ointment in Amaurosis.

Veratria, or Veratrine.

U.—It is supposed to increase all the secretions, and has been given in Gout and Rheumatism. Externally, it is a very useful application in Nervous affections, by mixing five grains in four drachms of Lard, and rubbing it into the part affected, a portion the size of a large pea, three times a day.

Cataplasma Conii, or Poultice of Hemlock.

U.—Applied as a Sedative to irritable sores, and Scrophulous Glandular swellings.

Cataplasma Coronilla, or Poultice of the Nutiya leaf.

U.—A common Emollient application.

Cataplasma Daturæ, or Datura Poultice.

U.—A good Narcotic Poultice to inflamed tumours and to external but not internal piles.

Cataplasma Fermenti, or Poultice of Yeast.

U.—Applied to fœtid and sloughing sores.

Cataplasma Lal-Chitra, or Poultice of Lal-Chitra.

U.—A powerful, cheap and excellent Blister, made by bruising the bark, and applied to Buboës in their incipient state.

Cataplasma Lini, or Linseed Poultice.

U.—A useful Emollient application.

Cataplasma Nim, or Poultice of Nim leaf.

Quinine Disulphas, यांने Disulphate Quinine का.

F.—Buḡhār ke dafā karne में बहुत qawwī, aur medeh kī qawwat dene में बहुत muḡid hai. Yeh dawā sirf baārzah buḡhār bārī ke istāmāl kījāwe, us sūrat में jab kī jism tar, aur ṭhandā, aur antaryān baḡhūbī kushādah hōwē.

M.—Ek grain se pāñch grain tak, ek din में tīn chār martabah.

• *Strychnia*, यांने Strychnine.

F.—Baārzah fālij bamiqdār āṭhwen hissah ek grain ke andar jism ke istāmāl kījāwe; aur baārzah Amaurosis, यांने zahāb ulbasar bataur marham lagāī jāwe.

Veratria, यांने Varatrine.

F.—Mashhūr hai kī yih dawā ḡhārij honewāle aur ilāhidah honewāle ajsām se saiyāl ko ziyādah kartī hai, aur baārzah niqras aur gāṭhīyā mustāmīl hotī hai. Bāhar lagāne में ragon ke ārzah में yih dawā bamiqdār pāñch grain, chahār drachm charbī में, milākar jis muqām par taklīf ho, us muqām par lagāī jāwe, aur usse mālīsh kījāwe, बहुत muḡid hotī hai, miqdār dāneh kalān maṭar ke, ek din में tīn martabah istāmāl is dawā kā kiyājāwe.

Cataplasma Conii, यांने Poultice Hemlock का.

Fāidah.—Wāste ārām dene phōre ke kī jismenī sozish ho, aur warm kaṭhle ke kī baārzah kanṭhmālā lahaq ho, muḡid hai.

Cataplasma Coronilla, यांने Poultice barg Nutiya का.

F.—Umūman wāste mulayyan karne ke mustāmīl hai.

Cataplasma Daturæ, यांने Poultice Datura का.

F.—Achchā Narcotic, यांने sun karnewālā Poultice hai, us phōre में kī jismenī sozish ho aur bawāsīr berūnī par lagāyā jātā hai, magar bawāsīrī andarūnī par nahīn lagāyā jātā.

Cataplasma Fermentī, यांने Poultice ḡhamīr का.

F.—Yih Poultice fōetid, यांने badbū aur chhichredār ḡhāon में lagāyā jātā hai.

Cataplasma Lal-Chitra, यांने Poultice Lal-Chitra का.

F.—Bahut qawwī, aur arzān aur umdah Blister hai, bark ko kuchalkar banāte hai, aur bad par ibtidā में lagāyā jātā hai.

Cataplasma Lini, यांने Poultice alsī का.

F.—Yih Poultice wāste mulayyan karne ke mustāmīl hai.

Cataplasma Nim, यांने Poultice barg Nīm का.

U.—A useful application in swelled Testicles and to foul indolent ulcers.

Cataplasma Orissa Arum, or Ghet Kuchoo Poultice.

U.—Stimulant, Rubefacient and Counter-irritant; applied to indolent tumours and Buboës.

Cataplasma Sinapis, or Mustard Poultice.

U.—Stimulant and Rubefacient; applied spread on cloth to the soles of the feet in the low stage of Typhus Fever, when Stupor or Delirium is present, also in Coma and Apoplexy, and in other cases in which there is a great determination to the head.

Ceratum Calaminæ, or Cerate of Calamine.

U.—Useful in excoriations and Ulcers, and to burns after the inflammation has subsided.

Ceratum Cantharides, or Cerate of Spanish Flies.

U.—After a Blister has been applied, this Cerate is used to keep up the discharge.

Ceratum Cetacei, or Spermaceti Cerate.

U.—A soft cooling dressing for Blisters.

Ceratum Hydrargyrum Compositum, or Compound Cerate of Mercury.

U.—To promote the dispersion of indolent tumours.

Ceratum Plumbi Acetatis, or Cerate of the Acetate of Lead.

U.—A cooling dressing in cases of burns and excoriations.

Ceratum Plumbi Compositum, or Compound Cerate of Lead, commonly called "Goulard Cerate."

U.—The same as the last article, also a very useful application to the edges of the eyelids in Chronic Ophthalmia.

Ceratum Resinæ, or Resin Cerate, commonly called Yellow Basilicon.

U.—An excellent application to foul and indolent Ulcers.

F.—Wáste lagáne warm fotah aur násúr puráne ke mufíd hai.

Cataplasma Orissa Arum, yañe Ghet Kachú ká Poultrice.

F.—Muharrik, aur lál karnewálá, aur dáfai sozish hai; kohnah, warm ázá, aur Buboes, yañe badon par lagáyá játá hai.

Cataplasma Sinapis, yañe Poultrice ráí ká.

F.—Muharrik aur lál karnewálá hai; yih Poultrice kapre par lagá kar pánw ke talwah par baárizah Typhus bukhár ke lagáyá jáwe, jab ki harkat nabz kí kam hotí jáe, aur jab ki behoshí aur hizyán wáqa ho, aur níz baárizah Coma, yañe bilkul behoshí aur saktah ke, aur dígar áwáriz ki jismen khum dimágh ke taraf bakasrat rujú kare bahut mufíd hai.

Ceratum Calaminae, yañe marham Calamine ká.

Fáidah.—Wáste lagáne khárash aur násúr ke mufíd hai, aur ág se jale huc ázá ko bad kam hone Inflammation, yañe sozish ke fáidah kartá hai.

Ceratum Cantharides, yañe marham makkhí Spain ká.

F.—Bad lagáne Blister ke yih marham wáste ijrác mawád ke lagáyá játá hai.

Ceratum Cetacei, yañe Spermaceti ká marham.

F.—Wáste Blister ke yih marham thandak karnewálá aur mulayyan karnewálá hai.

Ceratum Hydrargyrum Compositum, yañe murakkab marham páre ká.

F.—Wáste jald tahlíl karne warm kohnah ke mustamil hai.

Ceratum Plumbi Acetatis, yañe Cerate Acetate shíshah ká.

F.—Thandá marham bích hálaton jaljáne aur khál udharjáne ke mustamil hai.

Ceratum Plumbi Compositum, yañe murakkab marham shíshah ká, ki aksar usko marham i Goulard kahte haiñ.

F.—Misl marham mundarjai bálá ke tásír kartá hai, aur níz wáste lagáne kinárah palkon ke baárizah kohnah Ophthalmia ke mufíd hai.

Ceratum Resinae, yañe marham rál kí, jisko aksar Basilicon kahte haiñ.

Fáidah.—Wáste rím, náik aur puráne násúr ki umdah iláj hai

Ceratum Sabine, or Savine Cerate.

U.—Applied to keep up the discharge from a blistered surface.

Ceratum Saponis, or Soap Cerate.

U.—Employed as a cooling dressing.

Ceratum Telini, or Cerate of Telini Flies.

U.—The same as the *Ceratum Cantharides*. It is made from the spotted Telini Fly, six drachms of the powdered Fly to six ounces of the *Ceratum Cetacei*.

Confectio Amygdalæ, or Almond Confection.

U.—For making the Almond Emulsion; it is Demulcent and Diluent.

Confectio Aromatica, or Aromatic Confection.

U.—Stimulant and Cordial.

D.—Twenty grains to one drachm or more.

Confectio Aurantii, or Orange Confection.

U.—To assist in making up Stimulating and Carminative Pills.

Confectio Cassiæ, or Confection of Cassia.

U.—A laxative purgative.

D.—Two drachms to an ounce.

Confectio Opii, or Confection of Opium.

U.—Narcotic and Stimulant.

D.—Ten grains to thirty.

Confectio Opii cum Catechu, or Confection of Opium and Catechu.

U.—Sedative and Astringent.

D.—One scruple to one drachm.

Confectio Piperis Nigri, or Confection of Black Pepper.

U.—Externally to piles, when there is no inflammation.

Confectio Rosæ Caninæ, or Confection of Dog Rose.

U.—To assist in making up Powders into Pills.

Confectio Rosæ Gallicæ, or Confection of Red Rose.

U.—The same as the last article.

Confectio Rutæ, or Confection of Rue.

U.—As an Antispasmodic in Enemas.

Ceratum Sabinae, यांने marham Savine का.

F.—Waste ijrāe mawād ke Blister ke muqām se yih marham lagāte hai.

Ceratum Saponis, यांने marham sābun का.

F.—Yih marham waste thandak ke lagāyā jātā hai.

Ceratum Telini, यांने marham Telinī makkhī का.

F.—Iskī tāsīr misl tāsīr Ceratum Cantharides ke hai, aur dāgh-dār Telinī makkhī se banāyā jātā hai, pise hue chhah drachm aur chhah ounce marham Cetacci se murakkab hotā hai.

Confectio Amygdalæ, यांने halwā bādām का.

Fāidāh.—Waste banāne Emulsion bādām ke mustāmil hai, tāsīr uskī yih hai ki mulayyan aur tar kartā hai.

Confectio Aromatica, यांने khushbūdār halwā.

F.—Muharrik aur mufarraḥ.

Miqdār.—Bis grain se ek drachm tak yā ziyādah azīn.

Confectio Aurantii, यांने sangtrah का halwā.

F.—Muharrik aur dāfai riyāh goliyān uske zariyah se banāte hai.

Confectio Cassiæ, यांने halwā taj का.

F.—Mulayyan aur mushil.

M.—Do drachm se ek ounce tak.

Confectio Opii, यांने halwā afyūn का.

F.—Muskir aur muharrik.

M.—Das grain se tīs grain tak.

Confectio Opii cum Catechu, यांने halwā afyūn aur kattuḥ का.

F.—Taskīn dihandah aur qābiz.

M.—Ek scruple se ek drachm tak.

Confectio Piperis Nigri, यांने Confection siyāh mirch का.

F.—Dar sūrat nahone sozish ke yih dawā ūpar bawāsīr ke lagāī jātī hai bāhar kī taraf.

Confectio Rosæ Caninæ, यांने Confection Dog Rose का.

F.—Uske zariyah se safūf kī golī banāī jātī hai.

Confectio Rosæ Gallicæ, यांने halwā gulāb surkh का.

F.—Iskī tāsīr misl tāsīr dawāe mazkūrah balā hai.

Confectio Rutæ, यांने halwā sudāb का.

F.—Enema, यांने adwiya pichkāri men tāsīr uskī Antispasmodic यांने dāfai tashannuj hai.

Confectio Scammonii, or Confection of Scammony.

U.—A Stimulating Cathartic.

D.—Half a drachm to one ounce.

Confectio Sennæ, or Confection of Senna.

U.—A laxative Aperient.

D.—Two drachms to one ounce.

Decoctum Aloes Compositum, or Compound Decoction of Aloes.

U.—Mildly Cathartic and Tonic.

D.—Four drachms to one ounce.

Decoctum Amyli, or Decoction of Starch.

U.—A Demulcent. It is also used as a vehicle for administering active medicines in Enemas.

Decoctum Celrariæ, or Decoction of Liverwort.

U.—Mucilaginous and bitter, given in cases of Debility, Consumption, and in disorders requiring Nutritive Tonics.

D.—One ounce to four ounces.

Decoctum Chimaphilæ, or Decoction of Winter Green or Pyrola.

U.—Diuretic, given in Dropsy and affections of the Urinary Organs.

D.—One ounce to one ounce and a half, two or three times a day.

Decoctum Cinchonæ cordifoliæ, or Decoction of Heart-leaved Cinchona.

Decoctum Cinchonæ lancifoliæ, or Decoction of Lance-leaved Cinchona.

Decoctum Cinchonæ oblongifoliæ, or Decoction of Oblong-leaved Cinchona.

U.—Febrifuge and Tonic.

D.—One ounce to three ounces, two or three times a day.

Decoctum Cydoniæ, or Decoction of Quince Seeds.

U.—Demulcent. Externally it is employed in Erysipelas, and Aphthous affections of the mouth.

Decoctum Dulcamara, or Decoction of Woody Nightshade.

U.—Diuretic and Narcotic, given with some Aromatic.

Confectio Scammoniae, यांने Saqmúnia ká halwá.

F.—Muharrík aur mushil.

M.—Nisf drachm se ek ounce tak.

Confectio Sennæ, यांने Senna ká halwá.

F.—Mulayyan aur dastáwar.

M.—Do drachm se ek ounce tak.

Decoction Aloes Compositum, यांने murakkab joshándah sibr ká.

F.—Matdil mushil aur muqawwí medeh.

M.—Chahár drachm se ek ounce tak.

Decoction Amyli, यांने joshándah Starch, यांने nishástah ká.

F.—Demulcent, यांने tar karnewálá hai. Enema, यांने pichkárí men zariyah andar jism ke pahuncháne tez dawá ká hotá hai.

Decoction Cetrariæ, यांने joshándah Liverwort ká.

F.—Mucilagenous, यांने luábdár aur talkh hai, dar súrat záf aur baárzahí sil mustamil hotá hai, aur níz aise marzon men ki jismen adwiyat muqawwí medeh darkár hon, istámál iská kiyá játá hai.

M.—Ek ounce se chahár ounce tak.

Decoction Chimaphilæ, यांने joshándah Wintergreen, yá Pyrola ká.

F.—Mudir hai, aur baárzah istasqua aur amraz ázái pesháb ke mustamil hotá hai.

M.—Ek ounce se derh ounce tak, do yá tín martabah ek din men.

Decoction Cinchonæ cordifoliæ, यांने joshándah Heart-leaved Cinchona ká.

Decoction Cinchonæ lancifoliæ, यांने joshándah Lance-leaved Cinchona ká.

Decoction Cinchonæ oblongifoliæ, यांने joshándah Oblong-leaved Cinchona ká.

F.—Dáfai bukhár aur muqawwí medeh.

M.—Ek ounce se tín ounce tak, do yá tín martabah ek din men.

Decoction Cydoniæ, यांने joshándah bihídáná.

F.—Demulcent, यांने tar karnewálá hai, aur yih dawá báhar jism par darsúrat Erysipelas, aur baárzah chhálon munh ke lagáyá játá hai.

Decoction Dulcamara, यांने joshándah Woody Nightshade ká.

F.—Mudir aur muskir hai, khushbúyát, यांने Aromatic ke sáth mustamil hotá hai.

D.—Four drachms to one ounce, three times a day.

Decoction Granati, or Decoction of Pomegranate.

U.—Astringent, given in Chronic Dysentery and Tape Worm.

D.—Four drachms to an ounce, two or three times a day.

Decoction of Gulancha.

U.—A bitter Tonic and Alterative.

D.—One ounce, three times a day with honey,

Decoction Hordei Compositum, or Compound Decoction of barley.

U.—Demulcent, given in Fevers, Consumption, Gonorrhœa and Strangury, in any quantity.

Decoction of Ispaghool.

U.—Demulcent, given in Dysentery.

Decoction Lichenis Zeylanici, or Decoction of Ceylon Moss.

U.—Mucilagenous and Demulcent, an excellent article of light food for children and convalescents.

Decoction Malvæ Compositum, or Compound Decoction of Marshmallow.

U.—As a fomentation and in Enemas.

Decoction Papaveris, or Decoction of Poppyheads.

U.—A sedative fomentation for painful swellings and excoriations.

Decoction Quercus, or Decoction of Oak Bark.

U.—As an astringent, Gargle, Injection, or Lotion.

Decoction of Rice, or Oryzæ.

D.—Demulcent, given in very large quantities, also in Enemas.

Decoction of Rohun.

U.—A valuable astringent wash for Gargles, Vaginal Injections and Enemas. It is a good substitute for the Decoction of Oak Bark.

M.—Chahár drachm se ek ounce tak, tîn martabah ek din men.

Decoction Granati, yane joshándah anár ká.

F.—Qábiz, baárzah purání pechish aur peṭ ke kíṛṇ ke mustāmil hai.

M.—Chahár drachm se ek ounce tak, do yá tîn martabah ek din men.

Decoction of Gulancha, yane joshándah Gulancha ká.

F.—Talkh aur muqawwí medeh aur Alterative, yane tartíb di-handah hai.

M.—Ek ounce, ek din men tîn martabah shahad ke sáth istāmál karte hain.

Decoction Hordei Compositum, yane murakkab joshándah jau ká.

F.—Demulcent, yane tar karnewálá hai, aur har qism ke bukhár, aur marzi sil aur Gonorrhœa, yane suzák aur taqtír ulbúl ke mustāmil hai, kuchh miqdár uskí muaiyan nahín.

Decoction of Ispaghool, yane joshándah Ispaghool ká.

F.—Mulayyan hai, baárzah Dysentery yane pechish men diyá játá hai.

Decoction Lichenis Zeylenici, yane joshándah Ceylon Moss ká.

F.—Mucilagenous, yane luábdár, Demulcent, yane tar karnewálá hai, wáste larkṇ ke, aur sihat pánewálon ke bataur khurák latíf ke mustāmil hotá hai.

Decoction Malvæ Compositum, yane murakkab joshándah Marsh-mallow, yane khatmí ká.

F.—Senk aur pichkárí men kám átá hai.

Decoction Papaveris, yane joshándah post ká.

F.—Warm taklíf dihandah aur kharásh men, is dawá kí senk bahut áram detí hai.

Decoction Quercus, yane joshándah chhál balút ká.

F.—Qábiz hai, aur gharárah, aur pichkárí, aur Lotion, yane ghá-zah men kam átá hai.

Decoction of Rice, yá Oryzæ, yane joshándah chával ká.

F.—Mulayyan hai, aur bakasrat iská istāmál karte hain, aur pichkárí men bhí kám átá hai.

Decoction Rohuni, yane joshándah Rohun ká.

F.—Bahut umdah qábiz dawá wáste gharárah, aur Vaginal Injections, yane pichkárí rihm aur huqrah ke hai. Wáste Decoction chhál balút ke yih dawá bahtar badal ho saktí hai.

Decoctum Sarsæ, or Decoction of Sarsaparilla.

U.—Alterative and Demulcent.

D.—Four to eight ounces, three or four times a day.

Decoctum Sarsæ Compositum, or Compound Decoction of Sarsaparilla.

U.—Diaphoretic and Alterative, useful in secondary Syphilis and in Rheumatism.

D.—Four to six ounces, three or four times a day.

Decoctum Scoparii Compositum, or Compound Decoction of Broom.

U.—Diuretic, given in Dropsy.

D.—One ounce to one ounce and a half, three times a day.

Decoctum Senegæ, or Decoction of Senega.

U.—Expectorant, Diuretic, and Diaphoretic, given in affections of the Lungs, and in Chronic Rheumatism.

D.—One and a half to three ounces, two or three times a day.

Decoctum Tormentillæ, or Decoction of Tormentil.

U.—Astringent and Tonic in Diarrhœa.

D.—One to one and a half ounce, two or three times a day.

Decoctum Ulmi, or Decoction of Elm Bark.

U.—Diuretic, given in Herpetic Eruptions.

D.—Four to six ounces, four times a day.

Decoctum Uvæ Ursi, or Decoction of Whortleberry.

U.—A good bitter, given in cases of purulent and mucous discharges from the Kidnies and Bladder.

D.—One to three ounces, three times a day.

Decoctum Veratri, or Decoction of White Hellebore.

U.—Employed externally as a Lotion, in Itch, Scaldhead, and other Cutaneous diseases.

Emplastrum Ammoniacum, Plaster of Ammoniacum.

Decoctum Sarsæ, yañe joshāṇdah Sarsaparilla, yañe ushbā ká

F.—Alterative, yañe sudhárnewálá, aur Demulcent, yañe tar karnewálá.

M.—Chahár ounce se áth ounce tak, tīn chár martabah ek din men.

Decoctum Sarsæ Compositum, yañe murakkab joshāṇdah ushbā ká.

F.—Muṛriq aur Alterative, yañe tartīb dilandah jism hai, ba-ārzah Syphilis, yañe atshaki darjahi doyam ke aur ba-ārzah gaṭhiyá ke muḥíd hai.

M.—Chár ounce se chhah ounce tak, tīn yá chár martabah ek din men.

Decoctum Scoparii Compositum, yañe murakkab joshāṇdah Broom ká.

F.—Mudir hai, ba-ārzah istasqá diyá játá hai.

M.—Ek ounce se ḍeṛh ounce tak, ek roz men tīn martabah.

Decoctum Senegæ, yañe joshāṇdah Senega ká.

F.—Kaf nikálnewálá, mudir aur muṛriq hai, ba-ārzah pephrah aur gaṭhiyá puráni ke diyá játá hai.

M.—Ḍeṛh ounce se tīn ounce tak, do yá tīn martabah ek din men.

Decoctum Tormentillæ, yañe joshāṇdah Tormentilla ká.

F.—Qábiz aur muqawwí medeh ba-ārzah Diarrhœa, yañe purānc ishál ke dete haiṇ.

M.—Ek ounce se ḍeṛh ounce tak, do yá tīn martabah ek din men.

Decoctum Ulmi, yañe joshāṇdah chhál daraḥṭhi Elm ká.

F.—Mudir hai, ba-ārzah nikáluc phunsiyon ke jism par mustamíl hotá hai.

M.—Chahár se chhah ounce tak, ek din men chár martabah.

Decoctum Uvæ Ursi, yañe joshāṇdah Whortleberry ká.

F.—Bahut talḥ hotá hai, wáste iḥráj Purulent, yañe mawád rádh luábdár garlah aur masánah ke diyá játá hai.

M.—Ek ounce se tīn ounce tak, ek din men tīn martabah.

Decoctum Veratri, yañe joshāṇdah sufed kuṭkí ká.

F.—Wáste lagáne ke jism par ba-ārzah ḵlárish, aur gauj, aur digar awáriz jildi ke bataurí lotion kám átá hai.

Emplastrum Ammoniacum, yañe lep Ammoniacum ká.

U.—Stimulant and discutient, applied to indolent swellings.

Emplastrum Ammoniaci cum Hydrargyro, or Plaster of Ammoniacum and Mercury.

U.—Stimulant and discutient, used chiefly for venereal tumours.

Emplastrum Belladonnæ, or Plaster of Deadly Nightshade and the Plaster of Datura.

U.—Anodyne and Antispasmodic; applied near the eye it causes dilatation of the pupil. Applied to the Sacrum, it relieves the pain of Dysmenorrhœa.

Emplastrum Cantharides, or Plaster of Spanish Flies.

U.—For making Blisters; it should always be spread with the thumb, as the hot iron destroys the virtues of the fly.

Emplastrum Galbani, or Galbanum Plaster.

U.—Stimulant and discutient.

Emplastrum Hydrargyri, or Plaster of Mercury.

U.—Alterative and discutient.

Emplastrum Opii, or Plaster of Opium.

U.—Anodyne.

Emplastrum Picis, or Plaster of Pitch.

U.—Stimulant and Rubefacient.

Emplastrum Plumbi, or Plaster of Lead.

U.—For making up several of the other kinds of Plasters, also as a common Sticking Plaster for uniting the edges of fresh wounds.

Emplastrum Resinæ, or Plaster of Resin.

U.—Stimulant and adhesive.

Emplastrum Saponis, or Soap Plaster.

U.—Discutient.

Emplastrum Telini, or Plaster of Telini Flies.

U.—The same as the *Emplastrum Cantharides*.

Enema Aloes, or Enema of Aloes.

U.—Stimulant. Cathartic; used for dislodging worms from the

F.—Muharrik aur muhallil hai, aur warm puráne ko lagáte hai.

Emplastrum Ammoniaci cum Hydrargyro, yañe lep Ammoniacum aur párah ká.

F.—Muharrik aur muhallil hai, aksar baárzah warm garmí ke lagáte hai.

Emplastrum Belladonnæ, yañe lep Deadly Nightshade ká aur lep Datura ká.

F.—Khuábáwar aur Antispasmodic, yañe dáfaí tashannuj hai; agar áñkh ke pás lagáyá jáwe to áñkh kí putlí ko barhátá hai. Agar Sacrum par lagáyá jáwe to dard Dysmenorrhœa ko dafa kartá hai.

Emplastrum Cantharides, yañe lep makkhí Spain ká.

F.—Iská Blister banáte hai; yih dawá hameshe háth ke anguthe se phailáí jáwe, isliye kí garm lobe se makkhí kí tásír bigar játí hai.

Emplastrum Galbani, yañe lep Galbanum ká.

F.—Muharrik aur muhallil.

Emplastrum Hydrargyri, yañe lep párah ká.

F.—Alterative, yañe sudhárnewálá aur muhallil hai.

Emplastrum Opii, yañe lep afyún ká.

F.—Khuábáwar hai.

Emplastrum Picis, yañe lep Pitch, yañe rál ká.

F.—Muharrik aur lálkarnewálá badan ká.

Emplastrum Plumbi, yañe lep shíshah ká.

F.—Wáste banáne kaí qism ke lep ke kám átá hai, aur nez wáste miláne kanárah zaḡhm tázah ke aksar yih chipaknewálá marham lagáte hai.

Emplastrum Resinæ, yañe lep rál ká.

F.—Muharrik aur chipaknewálá hai.

Emplastrum Saponis, yañe sábún ká lep.

F.—Discutient, yañe muhallil.

Emplastrum Telini, yañe lep Teliní makkhí ká.

F.—Iskí tásír misl tásír lep Cantharides, yañe Spain kí makkhí ke hai.

Enema Aloes, yañe pichkárí sibr kí.

F.—Muharrik aur mushil hai, wáste iḡhráj kirm ke, Rectum

Rectum, also given in cases of Amenorrhœa.

Enema Colocynthidis, or Enema of Colocynth.

U.—Purgative, given in cases of obstinate Constipation and Colic.

Enema Opii, or Opiate Enema.

U.—As an Anodyne to irritable bowels.

Enema Tabacchi, or Tobacco Enema.

U.—A drastic Cathartic, and Narcotic, seldom used except in case of a strangulated bowel.

Enema Terebinthinæ, or Enema of Turpentine.

U.—A powerful Cathartic and Stimulant, much used in Apoplexy and obstinate constipation.

Extractum Abri, or Extract of Goonch.

Use.—A sweet demulcent, given to allay the irritation in coughs.

Extractum Aconiti, or Extract of Aconite.

U.—Internally it is occasionally but seldom given in cases of Neuralgia, Tic-doloureux, and Chronic Rheumatism. Externally, one drachm of the Extract and one ounce of Lard made into an ointment, is sometimes used in Tic-doloureux, Sciatica, and other Nervous affections.

D.—Half a grain, increased gradually to four grains.

Extractum Aloes Purificatum, or Purified Extract of Aloes.

U.—Purgative and Stomachic.

D.—Five grains to fifteen.

Extractum Anthemidis, or Extract of Chamomile.

U.—Tonic and slightly Narcotic.

D.—Five to ten grains, two or three times a day.

Extract of Barberry Bark.

U.—A valuable Tonic, Aperient and Febrifuge in mild intermittent fever.

D.—Twenty to thirty grains, three times a day.

Extractum Belladonnæ, or Extract of Deadly Nightshade.

U.—Chiefly as an external application to the eyebrows to cause dilatation of the pupils of the eye.

yaṇe miqād se yih pichkārī kām átí hai, aur baǎrzah Amenorrhœa, yaṇe bastgí haiz mustāmil hotí hai.

Enema Colocynthis, yaṇe pichkārī hanzal kí.

F.—Mushil hai, baǎrzah qabzshadíd aur quliñj ke dete haiñ.

Enema Opīi, yaṇe kḥuábáwar pichkārī kí dawá.

F.—Baǎrzah sozish antāryon ke fáidah baḥshstí hai.

Enema Tabacci, yaṇe pichkārī tambákú kí.

F.—Yih pichkārī bahut kam mustāmil hai, sirf darsúrat Strangulated Bowels, yaṇe dabí huí antāryon ke kām átí hai, aur shiddat se dastáwar hai.

Enema Terebinthinae, yaṇe pichkārī tarpentel kí.

F.—Bahut muqawwíjulláh aur muharrik hai, darsúrat saktah aur qabz shadíd ke aksar kām átí hai.

Extractum Abri, yaṇe Extract Gung ká.

F.—Shírín mulayyan dawá hai, aur tezí khlánsí ke kam karne ke liye istamál karte haiñ.

Extractum Aconiti, yaṇe Extract Aconite ká.

F.—Andar jism ke kabhí kabhí sházo nádar baǎrzah Neuralgia, aur Tic-doloreux, aur purání gaṭhiyá ke pahuncháte haiñ. Aur báhar jism ke lagáne ko ek drachm Extract aur ek ounce charbí milákar marham banáte haiñ, kabhí kabhí baǎrzah Tic-doloreux, aur Sciatica, aur digar awáriz nason ke istamál karte haiñ.

M.—Nisf grain se chár grain tak, darje badarje baḥháyá jáwe.

Extractum Aloes Purificatum, yaṇe Extract sáf kiye huc sibr ká.

F.—Mushil aur Stomachic, yaṇe házim hai.

M.—Páñch grain se pandrah grain tak.

Extractum Anthemidis, yaṇe gulbábune ká sat.

F.—Muqawwí medeh aur khafíf muskir hai.

M.—Páñch grain se das grain tak, do yá tín martabah ek din men.

Extractum Barberry Bark ká.

F.—Umdah dawá muqawwí, medeh, aur mulayyan, aur dáfaí bukhár hai, jabki khafíf bári ká bukhár átá ho to dete haiñ.

M.—Bis grain se tís grain tak, ek din men tín martabah.

Extractum Belladonnae, yaṇe Extract Deadly Nightshade ká.

F.—Aksar ábrú chashm par lagáte haiñ, tákí putlí áñkh kí baḥ

Extractum Cannabis, or Extract of Hemp.

U.—A powerful Narcotic, given in Cholera, Lockjaw, Delirium Tremens, and in Hydrophobia.

D.—Half grain to ten grains, repeated according to the Symptoms.

Extract of Chiretta, or Extract of Justicia or Kreat.

U.—A valuable bitter Tonic, usually given in Decoction of Sarsaparilla or with iron.

D.—Ten to thirty grains, two or three times a day.

Extractum Cinchonæ cordifoliæ, or Extract of Heart-leaved Cinchona.

Extractum Cinchonæ lancifoliæ, or Extract of Lance-leaved Cinchona.

Extractum Cinchonæ oblongifoliæ, or Extract of Oblong-leaved Cinchona.

U.—Tonic, Stomachic, and Febrifuge.

D.—Ten to thirty grains, two or three times a day.

Extractum Colchici Aceticum, or Acetic Extract of Meadow Saffron.

U.—Given in Acute Rheumatism and Gout.

D.—One to three grains, three times a day.

Extractum Colchici Cormi, or Extract of Meadow Saffron Cormus.

U.—Given in the earliest stage of Acute Rheumatism.

D.—One grain, every four hours.

Extractum Colocynthis, or Extract of Colocynth.

U.—Purgative.

D.—Five to twenty grains.

Extractum Colocynthis Compositum, or Compound Extract of Colocynth.

U.—Purgative and Cathartic.

D.—Five to twenty grains.

Extractum Conii, or Extract of Hemlock.

U.—Internally it is Anodyne, given in Acute Rheumatism and Hooping-cough; externally it is often used, mixed with simple ointment, in case of Piles, Cancer, and Stricture of the Rectum.

D.—Five grains every eight hours, until pain in the head comes on.

Extractum Canabis, यांने सन काँ सत.

F.—Bashiddat sun karnewálá hai, aur árzah haizái wabái aur baiṭhne jab aur behoshí, aur káṭne kutte ke dete haiṇ.

M.—Nisf grain se das grain tak, mutábiq súrat marz ke kaí martabab yih dawá maríz ko dete haiṇ.

Extractum Chiretta, यांने Extract Justicia, यांने Kreat काँ.

F.—Umdah talkh dawá muqawwí medeh hai, is dawá ko aksar bajoshándah ushbá yá lohe ke sáth dete haiṇ.

M.—Das grain se tís grain tak, ek din meṇ do yá tín martabah.

Extractum Cinchonæ cordifoliae, यांने Extract Heart-leaved Cinchona काँ.

Extractum Cinchonæ lancifoliae, यांने Extract Lance-leaved Cinchona काँ.

Extractum Cinchonæ oblongifoliae, यांने Extract Oblong-leaved Cinchona काँ.

F.—Muqawwi medeh, aur Stomachic, यांने házim aur dáfa bukhár hai.

M.—Das grain se tís grain tak, do yá tín martabah ek din meṇ.

Extractum Colchici Aceticum, यांने Acetic Extract zafrán meadow काँ.

F.—Baárzah gaṭhiyá shadíd ke ibtidá meṇ yih dawá dete haiṇ.

M.—Ek grain se tín grain tak, ek din meṇ tín martabah.

Extractum Colchici Cormi, yá Extract Meadow Saffron Cormus काँ.

F.—Awwal hálat shadíd gaṭhiyá ke dete haiṇ.

M.—Ek grain, har ek chár ghaṇṭe bad.

Extractum Colocynthides, यांने Extract Colocynth काँ.

F.—Mushil hai.

M.—Páñch grain se bís grain tak.

Extractum Colocynthidis Compositum, यांने murakkab Extract of Colocynth काँ.

F.—Mushil aur dastáwar hai.

M.—Páñch grain se bís grain tak.

Extractum Conii, यांने Extract Hemlock काँ.

F.—Jab ki jism ke andar mustámil ho yih dawá khuábáwar hai, aur baárzah gaṭhiyá shadíd aur kúkar khánsí ke istamál karte haiṇ; báhar jism par aksar marham shadh meṇ milákar bawásír aur sartán aur Stricture Rectum par lagáte haiṇ.

M.—Páñch grain, har áṭhweṇ ghaṇṭe meṇ, jab tak ki sir meṇ dard hone lage.

Extractum Digitalis, or Extract of Foxglove.

U.—Sedative and Diuretic, seldom or ever given.

Extractum Dyospyri, or Extract of Gab.

U.—An excellent Astringent, given in Diarrhœa and Chronic Dysentery. A solution of two drachms in a pint of water is a valuable vaginal injection in Lencorrhœa.

D.—One to five grains, three times a day.

Extractum Elaterii, or Extract of Elaterium.

U.—Hydragogue and Cathartic.

D.—Half grain to two grains, two or three times a day, made into pills.

Extractum Gentianæ, or Extract of Gentian.

U.—Tonic and Stomachic.

D.—Ten to thirty grains, two or three times a day.

Extractum Glycyrrhizæ, or Extract of Liquorice.

U.—Given as a demulcent, to allay the irritation of coughs.

Extract of Gulanchæ or Palo.

U.—A valuable bitter Tonic, generally dissolved in milk and sweetened with sugar.

D.—One and a half drachm to three drachms.

Extractum Hæmatoxyli, or Extract of Logwood.

U.—Astringent; given in protracted Diarrhœa and Dysentery.

D.—Ten to thirty grains, in any Aromatic water.

Extractum Hyoscyami, or Extract of Henbane.

U.—Anodyne, Sedative, and Antispasmodic.

D.—Five to ten grains, two or three times a day.

Extractum Jalapæ, or Extract of Jalap.

U.—An excellent purgative.

D.—Ten to twenty grains.

Extractum Digitalis, यां Extract Foxglove का.

F.—A'rām dihandah aur mudir hai, yih dawā bahut kam mustāmil hotī hai.

Extractum Dyospyry, यां Extract Gab का.

F.—Ek umdah dawā qābiz hai, baārzah Diarrhœa, यां ishāl raqīq, aur Chronic Dysentery, यां purānī pechish ke dete hai. Do drachm is dawā ke ghule hūc nisf bottle pānī meṇ nihayāh tohfā pichkārī kī dawā wāste rehm ke bīch maraz Leucorrhœa ke hotī hai.

M.—Ek grain se pāñch grain tak, ek din meṇ tīn martabah.

Extractum Elaterii, यां Extract Elaterium का.

F.—Hydragogue, यां patlā dast lānewālā aur mushil hai.

M.—Nisf grain se do grain tak, do yā tīn martabah ek din meṇ. goliyāṇ banākar khāte hai.

Extractum Gentianæ, यां Extract Gentian का.

F.—Muqawwī aur Stomachic, यां hāzim.

M.—Das grain se tīs grain tak, do yā tīn martabah ek din meṇ.

Extractum Glycyrrhizæ, यां Extract Askussūs का.

F.—Yih dawā tarkarnewālī hai, wāste kami sozish khānsī ke dete hai.

Extractum Gulanchæ, यां Palo का sat.

F.—Umdah talkh dawā muqawwī medeh hai, aksar dūdh meṇ milāte hai, aur shakkar se shirīn karke pīte hai.

M.—Deṛh drachm se tīn drachm tak.

Extractum Hæmatoxyli, यां Extract Logwood का, यां Extract Bukhum का.

F.—Qābiz hai; aur baārzah Diarrhœa, यां ishāl raqīq aur Dysentery, यां pechish dastōn ke jo arse se lāhaq ho dete hai.

M.—Das grain se tīs grain tak istāmāl karte hai kḥushbūdār pānī meṇ.

Extractum Hyoscyami, यां Extract Henbane का.

F.—Muskir, aur dard ko ārām denewālā, aur Antispasmodic, यां dāfā tashannuj hai.

M.—Pāñch grain se das grain tak, do yā tīn martabah ek din meṇ.

Extractum Jalapæ, यां Extract Jalap का.

F.—Nihāyat tohfā mushil hai.

M.—Das grain se bīs grain tak.

Extract of Japan Wood.

U.—Astringent, given in Chronic Dysenteries, generally mixed either with Quinine, Chiretta or Gentian.

D.—Five to ten grains, three times a day.

Extract of Kalladanna.

U.—A good Cathartic.

D.—Five to ten grains.

Extractum Lactuce, or Extract of Lettuce.

U.—A mild Opiate and Narcotic.

D.—Five to ten grains, two or three times a day.

Extractum Lupuli, or Extract of Hops.

U.—Sedative, and an excellent bitter Tonic.

D.—As a Sedative five to ten grains, as a Tonic two or three grains, three times a day.

Extract of Nemooka.

U.—An astringent diuretic, dissolved in water.

D.—Twenty grains, three times a day.

Extractum Nux Vomica.

U.—A convulsive Tonic, made into pills with bread crumbs.

D.—One-eighth to one-fourth of a grain, three times a day.

Extractum Opii Purificatum, or Extract of purified Opium.

U.—Sedative.

D.—One to five grains.

Extractum Papaveris, or Extract of Poppy.

U.—Anodyne and Narcotic.

D.—Two grains to twenty.

Extractum Parevæ, or Extract of Pareira.

U.—Diuretic, given in cases of Catarrh of the bladder, and irritation of the bladder, mixed with any demulcent.

D.—Ten to twenty grains.

Extract of Quassia.

U.—A valuable bitter Tonic.

Extract Japan Wood ka.

F.—Qábiz hai, jo arse se árizah Dysentery, yañe pechish ká láhaq ho to usko aksar Quinine yá Chiretta yá Gentian ke sáth milákar dete haiñ.

M.—Páñch grain se das grain tak, ek din men tín martabah.

Extract Kalladanna.

F.—Ek umdah mushil hai.

M.—Páñch grain se das grain tak.

Extractum Lactuce, yañe Extract káhu ká.

F.—Mulayyam aur khuábáwar aur muskir hai.

M.—Páñch grain se das grain tak, do yá tín martabah ek din men.

Extractum Lupuli, yañe Extract Hops ká.

F.—Áráam dihandah, aur úmdah dawá talḥ muqawwí medeh hai.

M.—Dard ko áráam denc ke wáste páñch grain se das grain tak, aur wáste istamál karne bataur muqawwí ke, do yá tín martabah ek din men.

Extract Nemooka.

F.—Qábiz aur peshábáwar hai, jab ki pání men milákar istamál kí jáwe.

M.—Bís grain, ek din men tín martabah.

Extractum Nux Vomica, yañe Extract kuchle ká.

F.—Yih dawá maṛoṛ karnewálí muqawwí medeh hai, roṭí ke gúde ke sáth goliyán uskí banáte haiñ.

M.—Áṭhwen hisse se chauthi hisse ek grain tak, ek din men tín martabah.

Extractum Opii Purificatum, yañe Extract sáf kí huí afyún ká.

F.—Áráam dihandah dard.

M.—Ek grain se páñch grain tak.

Extractum Papaveris, yañe Extract post, yañe post ká sat.

F.—Khuábáwar aur muskir hai.

M.—Do grain se bís grain tak.

Extractum Pareiræ, yañe Extract Pareira ká.

F.—Mudir hai, baárzah sardí masánah aur sozish masánah, ad-wiyah mulayyan men milákar dete haiñ.

M.—Das grain se bís grain tak.

Extract Quassia, yañe Extract taj ká.

F.—Talḥ dawá, wáste quwwat medeh ke mufíd hai.

D.—Five to ten grains, three times a day.

Extractum Rhei, or Extract of Rhubarb.

U.—Purgative, made into pills, or dissolved in any aromatic water.

D.—Ten to thirty grains.

Extractum Sarsæ, or Extract of Sarsaparilla.

U.—Alterative, given in pills, or dissolved in a Decoction.

D.—Twenty grains to one drachm, two or three times a day.

Extractum Scammonia.

U.—A drastic Cathartic, usually mixed with either Cream of Tartar, Jalap, Aloes, or Ginger.

D.—Five to ten grains.

Extractum Stramonii, or Extract of Thorn Apple.

U.—Narcotic, given in cases of Mania and Asthmatic affections.

D.—Three-fourths of a grain to two grains daily.

Extractum Taraxaci, or Extract of Dandelion.

U.—Aperient and Deobstruent, given in obstructions of the liver, and in diseases of the bladder.

D.—Ten grains to one drachm.

Extractum Uvæ Ursi, or Extract of Whortleberry.

U.—A good bitter, given in purulent and other affections of the Urinary organs.

D.—Five to ten grains, two or three times a day.

Infusum Anthemidis, or Infusion of Chamomile.

Use.—Stomachic in Dyspepsia, also a bitter and Aromatic Tonic, chiefly used to promote the action of Emetics.

Dose.—One to two ounces.

Infusum Armoracæ Compositum, or Compound infusion of Horseradish.

U.—Stimulant in Paralysis.

D.—One ounce to one ounce and a half, two or three times a day.

M.—Pāñch grain se das grain tak, ek din men tīn martabah.

Extractum Rhei, yañe rewand chīnī kā sat.

F.—Mushil hai, uskī goliyāñ banākar yā khushbūdār pānī men milākar istamāl karte haiñ.

M.—Das grain se tīs grain tak.

Extractum Sarsæ, yañe Extract Sarsaparilla, yañe ushbā kā sat.

F.—Alterative, yañe sudhārnewālā jism kā hai, goliyāñ banākar yā joshāñdah men hal karke istamāl karte haiñ.

M.—Bīs grain se ek drachm tak, do yā tīn martabah ek din men.

Extractum Scammonie, yañe Extract Saqmūnia kā.

F.—Tez mushil hai, aur aksar Cream of Tartar, yā Jalap, yā Sibr, yā sonṭh ke sāth dete haiñ.

M.—Pāñch grain se das grain tak.

Extractum Stramonii, yañe Extract Thorn Apple, yañe dhatūrā kā sat.

F.—Muskir hai, aur baārzah joonoo aur ziqunnafts ke istamāl karte haiñ.

M.—Paw grain se do grain tak har rozah.

Extractum Taraxaci, yañe Extract Dandelion kā.

F.—Mulayyar aur Deobstruent, yañe mufattah hai, baārzah rukāo kaleje ke, aur amráz masāñc ke istamāl karte haiñ.

M.—Das grain se ek drachm tak.

Extractum Uvæ Ursi, yañe Extract Whortleberry kā.

F.—Achchhī talkh dawā hai, baārzah purulent aur digar awáriz mutaallaqai azā peshāb ke dete haiñ.

M.—Pāñch grain se das grain tak, do yā tīn martabah ek din men.

Infusum Anthemidis, yañe khisāñdah babūñe kā.

Faidah.—Baārzah Dyspepsia, yañe badhazmī ke mufid hai, aur talkh aur khushbūdār aur muqawwī hai, aksar wāste ziyādah karne asar adwiyah, qaiāwar ke dete haiñ.

Miqdār.—Ek ounce se do ounce tak.

Infusum Armoraciæ Compositum, yañe murakkab khisāñdah soñh-jine kā.

F.—Baārzah fālij muharrik hai.

M.—Ek ounce se derh ounce tak, ek din men do yā tīn martabah.

Infusum Aurantii Compositum, or Compound infusion of Orange peel.

U.—Stomachic and Tonic.

D.—One ounce to one and a half ounce, two or three times a day.

Infusion of Ayapana.

U.—Diaphoretic and Tonic.

D.—Two to three ounces, three times a day.

Infusion of Bel.

U.—Slightly bitter and Aromatic.

D.—Two to four ounces, three times a day.

Infusum Calumbæ, or Infusion of Calumba.

U.—Stomachic and Tonic, particularly useful in allaying that sickness which often exists during child-bearing.

D.—One and a half ounce to two ounces, two or three times a day.

Infusum Caryophylli, or Infusion of Cloves.

U.—Stimulant and Stomachic.

D.—One to two ounces, two or three times a day.

Infusum Cascarrillæ, or Infusion of Cascarrilla.

U.—Tonic and Stomachic.

D.—One and a half ounce to two ounces, two or three times a day.

Infusum Catechu Compositum, or Compound Infusion of Catechu.

U.—Astringent in Diarrhœa.

D.—One to three ounces, every three hours.

Infusion of Chiretta.

U.—A Bitter Tonic.

D.—One to three ounces, three times a day.

Infusum Cinchonæ, or Infusion of Cinchona.

U.—Tonic and Febrifuge; useful in Dyspepsia.

D.—One to three ounces, three times a day.

Infusum Crini, or Infusion of Kanoor.

U.—A mild and certain Emetic.

D.—Two drachms, every twenty minutes.

Infusum Aurantii Compositum, yaṇe murakkab ḵhisāṇdah sangtare ke chhilke ká.

F.—Házim aur muḡawwí hai.

M.—Ek ounce se derḡ ounce tak, ek din meṇ do yá tín martabah.

Infusion Ayapana ka.

F.—Muharrik aur muḡawwí.

M.—Do ounce se tín ounce tak, ek din meṇ tín martabah.

Infusion Bel ka.

F.—Badarjai ḵhafíf talkḡ aur ḵhushbúdár.

M.—Do ounce se tín ounce tak, ek din meṇ tín martabah.

Infusum Calumbæ, yaṇe ḵhisāṇdah Calumbæ ká.

F.—Házim aur muḡawwí medeh, ḵhasúsan wáste kam karne us árṣe ke muḡíd hai jo baazim hamal ke láhaḡ hotá hai.

M.—Derḡ ounce se do ounce tak, do yá tín martabah ek din meṇ.

Infusum Caryophyllæ, yaṇe ḵhisāṇdah laung ká.

F.—Muharrik aur muḡíd medeh.

M.—Ek ounce se do ounce tak, do yá tín martabah ek din meṇ.

Infusum Cascarrillæ, yaṇe ḵhisāṇdah Cascarrilla ká.

F.—Muḡíd aur muḡawwí medeh.

M.—Derḡ ounce se do ounce tak, do yá tín martabah ek din meṇ.

Infusum Catechu Compositum, yaṇe murakkab ḵhisāṇdah katthe ká.

F.—Baárzah Diarrhoea, yaṇe ishál ke qábiz hai.

M.—Ek ounce se tín ounce tak, har tísre ghaṇṭe meṇ.

Infusion Chiretta ká.

F.—Talkḡ aur muḡawwí medeh.

M.—Ek ounce se tín ounce tak, ek din meṇ tín martabah.

Infusum Cinchonæ, yaṇe ḵhisāṇdah Cinchona ká.

F.—Muḡawwí medeh aur dáḡai buḡhár hai; baárzah Dyspepsia, yaṇe badhazmí ke muḡíd hai.

M.—Ek se tín ounce tak, ek din meṇ tín martabah.

Infusum Crini, yaṇe ḵhisāṇdah Kanoor ká.

F.—Halkí aur muḡarrib qaiáwar dawá hai.

M.—Do drachm, har bís minute ke bad,

Infusum Cuspariæ, or Infusion of Cusparia.

U.—Tonic, Stimulant and Febrifuge.

D.—One and a half ounce to two ounces, three times a day.

Infusum Digitalis, or Infusion of Foxglove.

U.—Diuretic and powerfully Narcotic, its action must be closely watched, as it is apt to occasion sudden and dangerous collapse.

D.—Four drachms to an ounce, twice a day.

Infusum Diosmæ, or Infusion of Buchu.

U.—Tonic, Diuretic and Sudorific, useful in purulent and catarrhal discharges from the Urinary organs.

D.—Two to four ounces, three times a day.

Infusion of the Ergot of Rye.

U.—As a Parturifacient.

D.—Two or three ounces, every half hour, until it has the desired effect.

Infusum Gentianæ Compositum, or Compound Infusion of Gentian.

U.—Stomachic and Tonic.

D.—One and a half ounce to two ounces, three times a day.

Infusion of Gulancha.

U.—An excellent Tonic, Alterative, and Diuretic.

D.—Two to four ounces, three times a day.

Infusum Hemidesmus, or Ununtamool.

U.—Alterative and Diuretic, given in cases of Secondary Syphilis and Chronic Rheumatism.

D.—Two to four ounces, three times a day.

Infusum Justiciæ, or Infusion of Krcat.

U.—An excellent bitter Tonic.

D.—One to two ounces, three times a day.

Infusum Krameriæ, or Infusion of Rhatany.

U.—Tonic and Astringent.

D.—One and a half ounce to two ounces, two or three times a day.

Infusion of Kurroo.

U.—A bitter Tonic.

D.—One to two ounces, three times a day.

Infusum Cuspariæ, yaṇe ḵhisāṇdah Cusparia ká.

F.—Muḡawwí medeh, aur muharrik aur dáḡai buḡhár.

M.—Derh ounce se do ounce tak, ek din meṇ t́n martabah.

Infusum Digitalis, yaṇe ḵhisāṇdah Foxglove ká.

F.—Mudir aur bahut muskir hai, is dawá kí tásír par ziyádah tawajjuh aur ḵhabargírí karní cháhiye, is wáste kí yih dawá dafa-tan azái raísá ko bilkúl zaíf kardetí hai, aur usse ḵhatrá hojátá hai.

M.—Chár drachm se ek ounce tak, ek din meṇ do martabah.

Infusum Diosmæ, yaṇe ḵhisāṇdah Buchu ká.

F.—Muḡawwí, aur mudir aur muarrik hai, bích ráddár iḵhráj ke azá pesháb se mufíd hai.

M.—Do ounce se chár ounce tak, ek din meṇ t́n martabah.

Infusion Ergot Rye ka.

F.—Parturifacient, yaṇe jald bachchá ko peṭ se nikálnewále.

M.—Do yá t́n ounce, har nisf ghaṇṭe meṇ dete hain, jab tak kí hasbi dil ḵhuáb tásír hojáwe.

Infusum Gentianæ Compositum, yaṇe murakkab ḵhisāṇdah Gen-tian ká.

F.—Mufíd aur muḡawwí medeh.

M.—Derh ounce se do ounce tak, ek din meṇ t́n martabah.

Infusion Gulancha ká.

F.—Bahut umdah muḡawwí dawá, aur Alterative, yaṇe sudhár-newáli aur mudir hai.

M.—Do se chár ounce tak, t́n martabah ek din meṇ.

Infusum Hemidesmi, yaṇe ḵhisāṇdah Ununtamúl ká.

F.—Alterative, yaṇe sudhárnewálá aur mudir hai, baárzah átshak darjei doyam aur purání gaṭhiyá ke istamál karte hain.

M.—Do ounce se chár ounce tak, ek din meṇ t́n martabah.

Infusum Justiciæ, yaṇe ḵhisāṇdah Kreat ká.

F.—Ek umdah talkh dawá muḡawwí medeh hai.

M.—Ek ounce se do ounce tak, ek din meṇ t́n martabah.

Infusum Krameria, yaṇe ḵhisāṇdah Rhatany ká.

F.—Muḡawwí medeh aur qábiz hai.

M.—Derh ounce se do ounce tak, ek din meṇ do yá t́n martabah.

Infusion Kurroo, yaṇe ḵhisāṇdah Kurroo ká.

F.—Dawá muḡawwí medeh.

M.—Ek ounce se do ounce tak, ek din meṇ t́n martabah.

Infusum Lini Compositum, or Compound Infusion of Linseed.

U.—Demulcent, given in Catarrhs and affections of the Urinary organs, to any extent.

Infusum Lupuli, or Infusion of Hops.

U.—Tonic, Stomachic, and slightly Narcotic.

D.—One ounce to one and a half ounce, three times a day.

Infusion of Neemooka.

U.—Given in affections of the Urinary organs.

D.—Two to four ounces, three times a day.

Infusum Pareiræ, Infusion of Pareira.

U.—Diuretic, given in affections of the Urinary organs.

D.—One ounce to one and a half ounce, three times a day.

Infusion of Pedalium, or Gokeroo.

U.—Mucilagenous and Demulcent.

Infusum Quassiaë, or Infusion of Quassia.

U.—A very bitter Tonic and Stomachic.

D.—One and a half ounce to two ounces, two or three times a day.

Infusum Rhei, or Infusion of Rhubarb.

U.—Slightly Aperient, Tonic and Stomachic.

D.—One to two ounces, two or three times a day.

Infusum Rosæ Compositum, or Compound Infusion of Roses.

U.—Astringent and Refrigerant, given in Hæmorrhages.

D.—One to two ounces, three times a day.

Infusum Scoparii, or Infusion of Broom.

U.—Aperient and Diuretic.

D.—One to two ounces, three times a day.

Infusum Sennæ Compositum, or Compound Infusion of Senna.

U.—Purgative, generally combined with Epsom Salts.

D.—Two to four ounces.

Infusum Serpentariæ, or Infusion of Serpentary.

U.—Diaphoretic and Tonic.

D.—One to two ounces, three times a day.

Infusum Sidæ, or Infusion of Pata.

U.—A bitter Tonic and Astringent.

D.—One to two ounces, three times a day.

Infusum Lini Compositum, yaṇe murakkab ḵhisāṇdah alsí ká.

F.—Mulayyan hai, aur baʼrzah sardí aur amrázazái pesháb ke dījátí hai, bilá tayun miqdár.

Infusum Lupuli, yaṇe ḵhisāṇdah Hops ká.

F.—Muqawwí, aur mufidí medeh, aur muskir badarjai ḵhafif.

M.—Ek ounce se ḍerh ounce tak, ek din men t́n martabah.

Infusion Neemooká, yaṇe ḵhisāṇdah Neemooká ká.

F.—Baamráz azái pesháb dete haiṇ.

M.—Do ounce se chár ounce tak, ek din men t́n martabah.

Infusum Pareiræ, yaṇe ḵhisāṇdah Pareira ká.

F.—Mudir hai, baamráz azái pesháb diyá játá hai.

M.—Ek ounce se ḍerh ounce tak, ek din men t́n martabah.

Infusum Pedalium, yaṇe ḵhisāṇdah Gokeroo ká.

F.—Mucilagenous, yaṇe loábdar aur mulayyan.

Infusum Quassia, yaṇe ḵhisāṇdah taj ká.

F.—Bahut talkh dawá muqawwí medeh aur mufidí medeh hai.

M.—Ḍerh ounce se do ounce tak, ek din men do yá t́n martabah.

Infusum Rhei, yaṇe ḵhisāṇdah Rewand Chíní ká.

F.—Mulayyan badarjai ḵhafif, muqawwí aur mufidí medeh.

M.—Ek ounce se do ounce tak, ek din men do yá t́n martabah.

Infusum Rosæ Compositum, yaṇe murakkab ḵhisāṇdah guláb ká.

F.—Qábiz aur dáfaí garwí, aur Hæmorrhage, yaṇe ijrái ḵhún kí hálat men dete haiṇ.

M.—Ek ounce se do ounce tak, ek din men t́n martabah.

Infusum Scoparii, yaṇe ḵhisāṇdah Broom ká.

F.—Mulayyan aur mudir.

M.—Ek ounce se do ounce tak, ek din men t́n martabah.

Infusum Sennæ Compositum, yaṇe murakkab ḵhisāṇdah Senna ká.

F.—Mushil hai, aur bashámul Epsom Salts ke istamál karte haiṇ.

M.—Do ounce se chár ounce tak.

Infusum Serpentariæ, yaṇe ḵhisāṇdah Serpentary ká.

F.—Muarriq aur muqawwí.

M.—Ek ounce se do ounce tak, ek din men t́n martabah.

Infusum Sidæ, yaṇe ḵhisāṇdah Pata ká.

F.—Talkh dawá muqawwí medeh aur qábiz.

M.—Ek ounce se do ounce tak, ek din men t́n martabah.

Infusum Simarubæ, or Infusion of Simaruba.

U.—Tonic, Astringent and Mucilagenous, given in the last stages of Dysentery.

D.—One to two ounces, every three or four hours.

Infusum of Sohunjuna Compositum.

U.—Stimulant.

D.—One to three ounces.

Infusum Valerianæ, or Infusion of Valerian.

U.—Antispasmodic and Stimulant, given in cases of Hysteria.

D.—One and a half ounce to two ounces, every three or four hours.

Infusum Violet, or Banopsha.

U.—Nauseating and Diaphoretic.

D.—Two or three ounces, every half hour.

Linimentum Aquæ Calcis, or Limewater Liniment.

Use.—Cooling, applied to excoriated surfaces, scalds, and burns.

Linimentum Æruginis, or Liniment of Verdigris.

U.—Detergent and Escharotic.

Linimentum Ammoniæ, or Liniment of Ammonia.

U.—Stimulant and Counter-irritant.

Linimentum Ammoniæ Sesquicarbonatis, or Liniment of Sesquicarbonate of Ammonia.

U.—Stimulant and Counter-irritant, used in cases of inflamed Uvula, Pharynx and Tonsils.

Linimentum Camphoræ, or Camphor Liniment.

Linimentum Camphoræ Compositum, or Compound Liniment of Camphor.

U.—Stimulant and Counter-irritant, used in sprains and bruises, rheumatism and indolent tumours.

Infusum Simarubæ, यांने ऋसिंदह Simaruba क़ा.

F.—Muqawwī medeh, aur qābiz aur mucilagenous, यांने luāb-dār hotā hai, aḳher darjai Dysentery, यांने ishāl pechish men dete haiṇ.

M.—Ek ounce se do ounce tak, harek tīsre chauthe ghañṭe men.
Murakkab ḳhisāndah Sohunjuna ka.

F.—Muharrik hai.

M.—Ek ounce se tīn ounce tak.

Infusum Velerianæ, यांने ऋसिंदह Billilotun क़ा.

F.—Antispasmodic, यांने dāfai tashannuj, aur muharrik maraz Hysteria men dete haiṇ.

M.—Derh ounce se do ounce tak, har tīsre chauthe ghañṭe men.

Infusum Violet, यांने banafshā k़ा ऋसिंदह.

F.—Mutanaffir aur muharrik hai.

M.—Do yā tīn ounce tak, harek nisf ghañṭe men.

Linimentum Aquæ Calcis, यांने marham Limewater, यांने chūne ke pānī क़ा.

F.—Thandā kartā hai, ḳhārash, aur ganj, aur jale hūe muqām par lagāte haiṇ.

Linimentum Æruginis, यांने marham zaṅgār क़ा.

F.—Alāish sūf kartā hai, aur Escharotic, यांने zaḳhm ko galātā hai.

Linimentum Ammoniæ, यांने marham naushādar क़ा.

F.—Muharrik aur Counter-irritant, यांने dāfai sozish.

Linimentum Ammoniæ Sesquicarbonatis, यांने marham Sesquicarbonate Ammonia क़ा.

F.—Muharrik aur Counter-irritant, यांने dāfai sozish hai, baārzah Uvula aur Pharynx aur Tonsils ke istāmāl karte haiṇ, jab ki sozish hotī hai.

Linimentum Camphoræ, यांने marham kafūr क़ा.

Linimentum Camphoræ Compositum, यांने murakkab marham kafūr क़ा.

F.—Muharrik aur Counter-irritant, यांने dāfai sozish hai, moch, aur zarab, aur gaṭhiyā aur purāne zaḳhm par lagāte haiṇ.

Linimentum Hydrargyri Compositum, or Compound Liniment of Mercury.

U.—Stimulant and Discutient; one drachm rubbed well into the inside of the thighs and in the armpits, morning and evening, will salivate rapidly.

Linimentum Opii, or Liniment of Opium.

U.—Sedative; applied to bruises, painful swellings, rheumatism and lumbago.

Linimentum Saponis, or Soap Liniment.

U.—Stimulant and Sedative.

Linimentum Simplex, or Simple Liniment.

U.—Cooling and Sedative; it is composed of four parts poppy oil, and one part wax, applied to ulcerated and excoriated surfaces.

Linimentum Terebinthinæ, or Turpentine Liniment.

U.—A powerful Stimulant.

Mel Boracis, or Honey of Borax.

Use.—Detergent and cooling, in Aphthous affections of the tongue and fauces.

Mel Rosæ, or Honey of Rose.

U.—Detergent and Astringent, usually mixed in gargles.

Oxymel.

U.—Detergent and expectorant, used also in gargles.

D.—One to four drachms, three or four times a day.

Oxymel Scillæ, or Oxymel of Squills.

U.—Expectorant, given in Chronic Coughs and Catarrhal affections; it is Emetic in large doses of one or two ounces.

Alumen Exsiccatum, or Dried Alum.

Use.—Internally it is a powerful Astringent in Piles, Diarrhœa, and mucous discharges. Externally it is used in Repellent and Astringent Lotions and eye-washes.

Dose.—Ten to twenty grains, two or three times a day.

Linimentum Hydrargyri Compositum, यांने murakkab marham páre ká.

F.—Muharrik aur muhallil hai; agar ek drachm andar kí taraf zánú ke aur baghal में achchí tarah subah o shám malá jáwe to munh jald átá hai.

Linimentum Opii, यांने marham afyún ká.

F.—Árám bakhsh hai; zarab aur warm taklíf dihandah, aur báí aur dard kamar ke liye lagáte hai.

Linimentum Saponis, यांने marham sábuń ká.

F.—Muharrik aur árám deh.

Linimentum Simplex, यांने marham sádah.

F.—Thandá kartá hai aur árám detá hai; chahár hisseh roghan post, aur ek hisseh mom se banáte hai, násúr aur kharash par lagáyá játá hai.

Linimentum Terebinthinæ, यांने marham tarpantel ká.

F.—Bahut qawwí muharrik hai.

Mel Boracis, यांने shahad aur suhágá miláyá huá.

F.—Aláish sáf kartá hai aur thandá kartá hai, aur baʼrzah Aphthous, यांने chhálon zabán aur Fauces ke istamál karte hai.

Mel Rosæ, यांने shahad aur guláb pání में pakáyá huá.

F.—Aláish sáf kartá hai, aur qábiz hai, aur gharáre में aksar miláte hai.

Oxymel, यांने sikanjbín sirká ká.

F.—Aláish sáf karnewálá aur dáfai balgham hai, aur gharáre में bhí kám átí hai.

M.—Ek drachm se chár drachm tak, ek din में tén yá chár martabah.

Oxymel Scillæ, यांने sikanjbín janglí piyáz ká.

F.—Dáfai balgham hai, baʼrzah khánsí aur zukám derpá ke dete hai; agar bamiqdár ek yá do ounce istamál kíjave to qaiáwar hai.

Alumen Exsiccatum, यांने khasht phitkírí.

F.—Jabki andar jism ke pahunche to baʼrzah bawásír, aur Diarrhoea, यांने ishál raqíq aur ikhráj renth ke bahut qábiz dawá hai; aur úpar jism ke lagáne ko qábiz aur Repellent gházah aur ápkh dhone kí dawá banáte hai.

M.—Das grain se bís grain tak, ek din में do yá tén martabah.

Liquor Aluminis Compositum, or Compound Solution of Alum.

U.—A powerful Styptic and Astringent, applied to old Ulcers, also as an eye-wash.

Antimonii Oxysulphuretum, or Oxysulphuret of Antimony.

U.—Occasionally, but very seldom, given in cases of Herpetic and other eruptions.

D.—One to four grains, twice a day.

Antimonii Potassio Tartras, Potassio Tartrate of Antimony, or Tartar Emetic.

U.—Sudorific, Emetic, and Purgative, according to the dose. Quarter of a grain as a Sudorific, half grain as a Purgative, and one grain as an Emetic, to be repeated every half hour, until the desired effect ensues. Externally as a Counter-irritant, by mixing one drachm of Tartar Emetic with one ounce of Lard, to be well rubbed into the part, morning and evening.

Pulvis Antimonii Compositus, or Compound Powder of Antimony.

U.—Diaphoretic, Alterative, Emetic and Purgative.

D.—Five to ten grains.

Argenti Nitras, Nitrate of Silver, or Caustic.

U.—Internally it is Tonic and Antispasmodic, given in Epilepsy. Externally it is Escharotic.

D.—One-eighth of a grain gradually increased to two grains, and made into pills with bread crumbs, two or three times a day.

Liquor Potassæ Arsenitis, or Solution of Arsenite of Potash.

U.—A powerful Tonic and Febrifuge, given in Intermittent and Remittent Fevers, periodical headaches, and some diseases of the skin.

D.—Four to fifteen drops, twice a day.

Barii Chloridum, or Chloride of Barium.

U.—Chiefly employed to detect and calculate the quantity of Sulphuric Acid, or Sulphates, present in a solution,

Liquor Aluminis Compositum, यांने murakkab ghulí húi phitkírí.

F.—Badarjai gháyat Styptic, यांने khlún band karnewálá, aur qábiz hai, aur násúr kohná में lagáte hai, aur wáste dhone ankhon ke bhí kám átá hai.

Antimonii Oxysulphuretum, यांने Oxysulphuret surmá ká.

F.—Baárzah Herpetic, aur digar phunsí phore jildí ke istamál karte hai, magar bahut sház.

M.—Ek se chár grain tak, ek din में do martabah.

Antimonii Potassio Tartras, यांने Potassio Tartrate surmá ká, jisko Tartar Emetic bhí kahte hai.

F.—Muharrik, aur qaiáwar, aur mushil, hasbe miqdár dawá ke ba-miqdár, nisf grain mushil, aur bamiqdár ek grain qaiáwar, har nisf ghanṭe में istamál kíyá jáwe, jab tak ki hasbe dil khúb tásír uskí amal में áwe. Báhar lagáne se Counter-irritant, यांने dáfai sozish hai, jis maqám par sozish ho, ek drachm Tartar Emetic aur ek ounce charbí में milákar us jágah subah o shám khúb málísh kí jáwe.

Pulvis Antimonii Compositus, यांने murakkab pisá huá surmá.

F.—Muarríq, aur Alterative, यांने tartíb denewálá, aur qaiáwar aur mushil.

M.—Páñch grain se das grain tak.

Argenti Nitras, यांने Nitrate of Silver, यांने Caustic.

F.—Andar jismke quwwat ziyádah kartá hai, aur Antispasmodic, यांने dáfai tashannuj hai, baárzah Epilepsy, यांने mirgí ke date hai. Aur báhar jism par lagáyá jáwe to zakhm ko khá játá hai.

M.—Hashtam hisse ek grain se darja badarja do grain tak barhá-yá jáwe, aur rotí ke gude में milákar golíyán banái jáwें, aur do yá tín martabah har roz istamál kíyá jáwe.

Liquor Potassæ Arsenitis, यांने Solution Arsenate Potash ká.

F.—Kamál muqawwí aur dáfai bukhár hai, baárzah bukhár bári aur Remittent bukhár ke, aur bári ke sar dard aur báz amráz jildí में istamál karte hai.

M.—Chár se pandrah qatre tak, ek din में do martabah.

Barii Chloridum, यांने Chloride Barium ká.

F.—Yih dawá aksar wáste daryáft hone aur malúm hone miqdár Sulphuric Acid, यांने tezáb gandhak ke, yá Sulphate ke, jo kisí dawá ki Solution में ámez ho mustamil hai.

Bismuth Trisnitrates, Trisnitate of Bismuth.

U.—Antispasmodic, given in cases of Dyspepsia, which are attended with painful contractions of the Stomach.

D.—Five to fifteen grains, three times a day.

Calamina Preparata, or Prepared Calamine.

U.—Absorbent, used externally in burns and excoriations.

Liquor Calcis, or Lime water.

U.—Antacid, used in cases of Dyspepsia attended with acidity: Astringent in the last stages of Diarrhœa and Dysentery, also used as an Astringent injection in Leucorrhœa.

D.—One to six ounces, given in milk.

Liquor Calcii Chloridi, or Solution of Chloride of Calcium.

U.—Deobstruent and Tonic, given in cases of Bronchocele and Scrophula.

D.—Forty minims to two drachms, two or three times a day.

Calx Chlorinata, or Chlorinated Lime, or Labarracque's Disinfecting Fluid.

U.—Disinfectant. When exposed to the air it powerfully corrects the putrid odour, arising either from diseased or decomposing animal matter.

Creta Preparata, or Prepared Chalk.

U.—Antacid and Absorbent, given in cases of Acidity of the Stomach and in Diarrhœa. Externally it is applied to Ulcers discharging a thin irritating matter.

Cupri Ammonio Sulphas, or Ammonio Sulphate of Copper.

U.—Tonic and Antispasmodic, given in cases of Chorea or St. Vitus' dance and Epilepsy.

D.—Quarter of a grain increased gradually to five grains made into pills with crumb of bread, to be taken two or three times a day.

Bismuth Trisnitrates, यांने Trisnitrate Bismuth का.

F.—Antispasmodic, यांने मारो रफा karnewálí hai, baárzah Dyspepsia, यांने badhazmí ke ki jismen peṭ men mārō dard aṅgez ho-jáwe dete hai.

M.—Pāñch grain se pandrah grain tak, ek din men tīn martabah.

Calamina Preparata, यांने Calamine tyār kiya huá.

F.—Absorbent, यांने jázib báhar istamál men átí hai, jab ki jism kisí ká jal jáwe, aur chhil jáwe.

Liquor Calcis, यांने pání chúne ká.

F.—Antacid, यांने dáfaí turshí hai, baárzah Dyspepsia, यांने badhazmí ki jismen turshí ho istamál karte hai, qábiz hai baárzah Diarrhoea, यांने ishlál, aur Dysentery, यांने pechish ke jab yih maraz arse ká hojáwe to is dawá ká istamál karte hai, aur baárzah Leucorrhoea bataur pichkárí qábiz kám átí hai.

M.—Ek ounce se chhaih ounce tak, dúdh ke sáth istamál karte hai.

Liquor Calcii Chloridi, यांने Solution Chloride Calcium ká.

F.—Deobstruent, यांने mufattah aur muqawwí hai, baárzah Bronchocele, यांने gheghá aur Scrophula, यांने kanṭhmálá ke dete hai.

M.—Chálís minim se do drachm tak, ek din men do yá tīn martabah.

Calx Chlorinata, यांने Chlorinated Lime, ki usko Labarracque's Disinfecting Fluid bhí kalte hai.

F.—Disinfectant hai, यांने manai saráyat maraz jabki ghol kar hawá men rakhí jáwe to badbú jo kisí mariz yá sare húe medeh haiwání se nikaltí ho, usko sáf aur durust karne men qawwí hai.

Creta Preparata, यांने banáí húi khariyá.

F.—Antacid, यांने dáfaí tásír tezáb aur jázib hai, baárzah turshí medeh aur Diarrhoea, यांने daston ke dete hai. Jism ke úpar aise násúr parlagáte hai ki jismen se patlá mawád jaltá huá nikaltá ho.

Cupri Ammonio Sulphas, यांने Ammonio Sulphate tāmbe ká.

F.—Muqawwí aur Antispasmodic, यांने dáfaí mārō hai baárzah Chorea, यांने rásha, aur Epilepsy, यांने mirgí ke dete hai.

M.—Pao grain se pāñch grain tak, darje badarje barháte hai, aur rotí ke gúde men do yá tīn martabah ek din men istamál karte hai.

Liquor Cupri Ammonio Sulphatis, or Solution of Ammonio Sulphate of Copper.

U.—Detergent, and slightly Escharotic, when largely diluted it is employed to remove specks from the cornea of the eye.

Ferri Sulphas, or Sulphate of Iron.

U.—Tonic, Astringent, Emmenagogue and Anthelmintic; it is given in Chronic Dysentery.

D.—One to five grains, made into pills with the Extract of Gentian, and taken two or three times a day.

Ferri Sesquioxylum, or Sesquioxide of Iron.

U.—Tonic and Emmenagogue; given in cases of Tic-doloureux and other Nervous affections.

D.—In Tic-doloureux, half a drachm to one drachm, two or three times a day; in chorea, one to four drachms, every six hours.

Tinctura Ferri Sesquichloridi, or Tincture of Sesquichloride of Iron.

U.—Internally it is Tonic in Scrophula, in doses of ten minims to one drachm. In retention of urine, ten minims every ten minutes, until some relief is produced, and as a Styptic in Hæmorrhage from the Bladder, Kidneys, and Womb. Externally it is used as a Styptic in Cancerous and Fungous sores, and Venereal warts.

Ferri Potassio Tartras, or Potassio Tartrate of Iron.

U.—An excellent Tonic for children, mixed in any Aromatic water or jelly.

D.—Ten to thirty grains, two or three times a day.

Tinctura Ferri Ammonio Chloridum, or Tincture of Ammonio Chloride of Iron.

U.—Tonic, Emmenagogue and Aperient.

D.—One to two drachms in water, two or three times a day.

Liquor Cupri Ammonio Sulphatis, yane Solution Ammonio Sulphate tāmbe ká.

F.—Khárij kunindai áláish hai, aur badarjai khafíf Escharotic, yane khánewálá murdár gosht ká, jabki bahut patlá kiyá jáwe to áñkh ke karíne se dágh o nishán rafa kartá hai.

Ferri Sulphas, yane Sulphate lohe ká.

F.—Muqawwí, aur qábiz, aur Emmenagogue, yane haizáwar aur Anthelmintic, yane dáfai kirm hai; baárzah Chronic Dysentery, yane purání pechish ke dete hain.

M.—Bashamúl Extract Gentian ke ek grain se páñch grain tak milákar goliyáñ banáte hain, aur do yá tín martabah ek din men istamál karte hain.

Ferri Sesquioxylum, yane Sesquioxide lohe ká.

F.—Muqawwí aur Emmenagogue, yane haizáwar hai, baárzah Tic-doloureux wa dígar awáriz nason ke istamál karte hain.

M.—Baárzah Tic-doloureux, nisf drachm se ek drachm tak, do yá tín martabah ek din men, aur baárzah Chorea, yane ráshe ke, ek se chár drachm tak, bad do do pahar ke.

Tinctura Ferri Sesquichloridi, yane Tincture Sesquichloride lohe ká.

F.—Andar jism ke pahunche to yih dawá baárzah Scrophula muqawwí hotí hai, das minim se ek drachm tak dete hain, baárzah rukáo pesháb har das minute bad das minim dete hain, jab tak ki maraz ko ifáqa ho, aur baárzah hæmorrhage yane ijrái khún azma-sánah wa gurdah wa rihm yih dawá Styptic, yane band karnewáli hai; aur báhar jism ke bataur Styptic zakhm wo sartán aur Fungous zakhm aur Venereal Wort par lagáte hain.

Ferri Potassio Tartras, yane Potassio Tartrate lohe ká.

F.—Wáste larakon ke bahut umdah muqawwí dawá hai, kisi qism ke khushbudár pání men, ya rub men milákar dete hain.

M.—Das grain se tís grain tak, ek din men do yá tín martabah.

Tinctura Ferri Ammonio Chloridum, yane Tincture Ammonio Chloride lohe ká.

F.—Muqawwí aur Emmenagogue, yane haizáwar aur mulayyan hai.

M.—Ek se do drachm tak, ek din men do yá tín martabah pání men dete hain.

Ferri Iodidum, or Iodide of Iron.

U.—Emmenagogue and Tonic, used in Scrophula, Secondary Syphilis, enlarged Spleen, and in Amennorrhœa.

D.—One to two grains, two or three times a day.

Hydrargyrum cum Creta, or Mercury with Chalk, commonly called “Grey Powder.”

U.—Alterative and Antacid, much used in Chronic Diarrhœa of children.

D.—Ten to thirty grains, mixed in jelly.

Hydrargyri Bichloridum, or Bichloride of Mercury or Corrosive Sublimate.

U.—Alterative, given in cases of Secondary Syphilis and Leprosy.

D.—One-eighth to one-fourth of a grain, two or three times a day.

Liquor Hydrargyri Bichloridi, or Solution of the Bichloride of Mercury.

U.—The same as the above, given in Linseed Tea or some mucilaginous Fluid.

D.—Half a drachm to two drachms, two or three times a day.

Hydrargyri Chloridum, or Chloride of Mercury, or Calomel.

U.—Purgative, Alterative, Antisyphilitic; a valuable remedy in affections of the Liver, Dropsies, Continued Fever, and Acute Rheumatism. It should never be given in Spleen, Scurvy, or Scrophula.

D.—Five to ten grains, as a Purgative, twenty grains as a Sedative in Cholera and Acute Dysentery, one or two grains, two or three times a day, in Syphilis to produce Salivation.

Hydrargyrum Ammonio Chloridum, or Ammonio Chloride of Mercury, or White Precipitate.

U.—Externally as an Alterative in form of an ointment, in cutaneous diseases. One drachm to one ounce of Lard.

Ferri Iodidum, यांने Iodide lohe ká.

F.—Emmenagogue, यांने haizáwar, aur muqawwí hai, baárrzah Šcrophula, यांने kanṭhmálá, aur darjai doyam kí áts Shak ke aur barhí húi tillí ke, aur Amennorrhœa, यांने bastgí haiz ke dete haiñ.

M.—Ek grain se do grain tak, ek din men do yá tñ martabah.

Hydrargyrum cum Creta, यांने párá aur khariyá ki jisko aksar Grey Powder kahte haiñ.

F.—Alterative, यांने durust kunandai jism aur muhtil tásir tezáb baárrzah Chronic Diarrhœa, यांने puráne daston ke jo larṅon ko láhaq ho dete haiñ.

M.—Das se tñ grain tak, jelly men milákar dete haiñ.

Hydrargyri Bichloridum, यांने Bichloride páre ká, jisko Corrosive Sublimate, यांने ruskapúr kahte haiñ.

F.—Alterative, यांने sudhárnewálá hai, baárrzah áts Shak darjai doyam ke, aur baárrzah juzám ke dete haiñ.

M.—Athwen hisse ek grain chaháram grain tak, ek din men do yá tñ martabah.

Liquor Hydrargyri Bichloridi, यांने Solution Bichloride páre ká.

F.—Iskí tásir misl tásir dawái mazkúrai bálá hai, aur Linseed Tea, यांने chá alsí yá digar luábdár saiyál ke sáth dete haiñ.

M.—Nisf drachm se do drachm tak, ek din men do yá tñ martabah.

Hydrargyri Chloridum, यांने Chloride páre ká, jisko Calomel यांने kushtai párá kahte haiñ.

F.—Mushil aur Alterative, यांने badan sudhárnewálá, aur Antisyphilitic, यांने dáfaí áts Shak, bawástai amráz kalejá aur istisqá aur tap dawám aur hai shadíd ke bahut umdah dawá hai, baárrzah tihál aur Scurvy, यांने khárash aur Scrophula, यांने kanṭhmálá ke istamál is dawá ká aslan na kiyá jáwe.

M.—Páñch grain se das grain tak mushil hai, bís grain baárrzah haiza aur Dysentery, यांने daston shadíd ke áram dihandah hai, ek yá do grain do yá tñ martabah ek din men baárrzah áts Shak wáste Salivation, यांने múnḥ láne ke dete haiñ.

Hydrargyrum Ammonio Chloridum, यांने Ammonio Chloride páre ká ki jisko White Precipitate, यांने sufaíd páre ká kahte haiñ.

F.—Jism par lagáne ko bashakli marham, yih dawá Alterative, यांने sudhárnewálá aur baawáriz jildí kám áti hai, yih dawá baqadar ek drachm ke ek ounce charbí men milákar lagáte haiñ.

Hydrargyri Oxydum, Oxyde of Mercury, or black Oxyde of Mercury.

U.—Alterative, made into Pills, but very seldom given.

D.—One to three grains, twice a day.

Hydrargyri Binoxidum, or Binoxide of Mercury or Red Precipitate.

U.—Alterative, but seldom given internally; externally it is employed as a Caustic and Escharotic.

D.—One grain, twice a day, with half grain of Opium in each dose.

Hydrargyri Nitrico Oxydum, or Nitric Oxyde of Mercury.

U.—Employed externally only as an Escharotic.

Hydrargyri Bicyanidum, or Bicyanide of Mercury.

U.—In making the preparation of Prussic Acid.

Hydrargyri Iodidum, or Iodide of Mercury.

U.—Alterative, given in Scrophulous and Syphilitic affections; it is also employed in form of an ointment in similar diseases.

D.—Half a grain to three grains, daily.

Hydrargyri Biniodidum, or Biniodide of Mercury.

U.—Alterative, given in Scrophula and Syphilis.

D.—Half grain to one grain, daily.

Hydrargyri Bisulphuretum, or Bisulphuret of Mercury.

U.—It is only employed for Fumigations, by placing half a drachm of it on a piece of red hot iron.

Hydrargyri Sulphuretum cum Sulphure, or Sulphuret of Mercury with Sulphur.

U.—Alterative, seldom or ever given.

D.—Five to thirty grains daily.

Magnesia Calcinatus, or Calcined Magnesia.

U.—Antacid and Aperient.

D.—Five grains to one drachm.

Hydrargyri Oxydum, यांने Oxyde पारे का, कि जisko सीयाह Oxyde पारे का काहे है।

F.—Alterative, यांने सुधार्नेवाली गोलीयां बनाते हैं, मगर बहुत शह इस्तामल की जाती है।

M.—Ek grain se tīn grain tak, ek din में दो मर्ताबाह।

Hydrargyri Binoxidum, यांने Binoxide पारे का, जisko सुरक्ष Precipitate काहे है।

F.—Alterative, यांने सुधार्नेवाली है, और जism के बहुत कम मुस्तामल होती है; जism के ऊपर बतार Caustic, यांने तेजाब, और Escharotic, यांने खानेवाली मर्दार गोश्त की लागते है।

M.—Ek grain, दो मर्ताबाह ek din में, हर मीकदार में निस grain अफून का मिलाकर देते हैं।

Hydrargyri Nitrico Oxydum, यांने Nitric Oxyde पारे का।

F.—Sirf बाहर जism पर लागते हैं, तसिर उसकी Escharotic, यांने खानेवाली मर्दार गोश्त की है।

Hydrargyri Bicyanidum, यांने Bicyanide पारे का।

F.—Yih dawā wāste banāne Prussic Acid के काम अती है।

Hydrargyri Iodidum, यांने Iodide पारे का।

F.—Alterative, यांने सुधार्नेवाली है, बाअरज़ाह Scrophula, यांने कान्ठमाला के और अतशक के देते हैं; और is qism के अमराज़ में बतार मरहम भी लागते हैं।

M.—Nisf grain se tīn grain tak, हर roz.

Hydrargyri Biniodidum, यांने Biniodide पारे का।

F.—Alterative, यांने सुधार्नेवाली है, बाअरज़ाह Scrophula, यांने कान्ठमाला और Syphilis, यांने अतशक के देते हैं।

M.—Nisf grain se ek grain tak, हर roz.

Hydrargyri Bisulphuretum, यांने Bisulphuret पारे का, यांने शिंगरफ़।

M.—Nisf drachm lāl garm kiye hue lohe में रक्ख कर धुनी देते हैं।

Hydrargyri Sulphuretum cum Sulphure, यांने Sulphurate पारे का साथ गंधक के।

F.—Alterative, यांने सुधार्नेवाली है, yih dawā बहुत शह मुस्तामल है।

M.—Pāñch grain se tīs grain tak, हर roz.

Magnesia Calcinatus, यांने Calcined Magnesia.

F.—Antacid, यांने मुब्तिल तसिर तेजाब और मुलाय्यन है।

M.—Pāñch grain se ek drachm tak.

Magnesia Carbonas, or Carbonate of Magnesia.

U.—Antacid, Purgative, and Lithontriptic.

D.—One scruple to one drachm, two or three times a day.

Magnesia Sulphas, Sulphate of Magnesia, or Epsom Salts.

U.—Purgative; this Medicine should never be given when Cholera is prevalent, as it is apt to occasion profuse and exhausting evacuations, thus bringing on that disease.

D.—Four drachms to one ounce.

Plumbi Acetas, Acetate of Lead, or Sugar of Lead.

U.—A valuable Astringent both for Internal and External use, in Diarrhœa and Dysentery in doses of two or three grains, two or three times a day, also in Catarrhs of the Lungs and Intestinal Hæmorrhages. Externally as an astringent in Gonorrhœa, and as an eye-wash in Ophthalmia.

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Liquor Plumbi Diacetatis, Solution of Diacetate of Lead, or "Goulard Lotion."

U.—Astringent, used externally in superficial and phlegmonic inflammations of the skin.

Plumbi Chloridum, or Chloride of Lead.

U.—Employed in the preparation of the Muriate of Morphia.

Plumbi Iodidum, or Iodide of Lead.

U.—Alterative, given in cases of Indolent swellings, painful Scrophulous Tumours, and Ulcerations; also made into an ointment, and used for the same diseases.

D.—Quarter to half a grain made into pills with bread crumbs, and taken two or three times a day.

Plumbi Oxydum Hydratum, or Hydrated Oxyde of Lead.

U.—For preparing the Disulphate of Quinine.

Potassæ Carbonas, or Carbonate of Potash.

U.—Antacid and Diuretic, given in Milk or Mucilage.

D.—Ten to thirty grains.

Magnesia Carbonas, यांने Carbonate Magnesia का.

F.—Antacid, यांने मुब्तिल तसिर तेजब और मुशिल और Lithontrip-tic, यांने संगमसने को गलति है।

M.—Ek scruple se ek drachm tak, do ya tin martabah ek din men.

Magnesia Sulphas, यांने Sulphate Magnesia, ki jisko Epsom Salts kahte hai.

F.—Mushil hai, jabki haiza ghali ho, to us waqt istamal is dawa ka hargiz na kya jaye, isliye ki usse badarjai ghayat istafrah hota hai, ki medeh is qadar khali ho jata hai aur haiza lahaq ho jata hai.

M.—Char drachm se ek ounce tak.

Plumbi Acetas, यांने Acetate shishah ka, ki jisko Sugar of Lead kahte hai.

F.—Waste istamal karne andar ya bahar jism ke, yeh dawa bahut umdah qabiz hai, baarzah Diarrhoea, यांने ishāl raqīq, aur Dysentery, यांने pechish ke, bamiqdār do ya tin grain ek din men, do ya tin martabah; baarzah Haemorrhage, यांने khun nikalne ke phepre se aur antaryon se istamal karte hai. Bahar jism ke bataur pichkari bamaraz suzak ke, aur waste dhone ankhe ke baarzah Ophthalmia ke men lagate hai.

Liquor Plumbi Diacetatis, यांने Diacetate shishah ka, jisko Goulard Lotion kahte hai.

F.—Qabiz hai, baarzah jildi aur balghami sozish post ke upar jism ke lagate hai.

Plumbi Chloridum, यांने Chloride shishah ka.

F.—Muriate of Morphia ki tarkib men kam ata hai.

Plumbi Iodidum, यांने Iodide shishah ka.

F.—Alterative, यांने durust kunindai jism hai, baarzah waram derpa ke aur kanthmalai ki jismen taklif hoti ho, aur nasur ke istamal karte hai, aur inhi amraz men bataur marham lagate hai.

M.—Chaharam se nisf grain tak roti ke gude ke saath goli bana kar, do ya tin martabah ek din men dete hai.

Plumbi Oxydum Hydratum, यांने Hydrated Oxyde shishah ka.

F.—Waste banane Disulphate Quinine ke kam ata hai.

Potassae Carbonas, यांने Carbonate Potash ka.

F.—Antacid, यांने batil kunandai tasir tejab aur mudir hai, dugh ya lub ke saath dete hai.

M.—Das se tis grain tak.

Liquor Potassæ Carbonatis, or Solution of the Carbonate of Potash.

U.—As above.

D.—Ten minims to a drachm, two or three times a day.

Potassæ Bicarbonas, or Bicarbonate of Potash.

U.—The same as the above.

D.—Ten to thirty grains.

Liquor Potassæ Effervescens, or Effervescing Solution of Potash.

U.—The same as the above.

D.—Four to eight ounces.

Liquor Potassæ, or Solution of Potash.

U.—Antacid, Diuretic, Alterative and Lithontriptic, useful in some cutaneous diseases of the skin as Leprosy, Psoriasis, &c. It may be given in Milk, Broth, or good Beer.

D.—Ten minims to half a drachm, two or three times a day.

Potassæ Hydras, or Hydrate of Potash.

U.—Externally only as an Escharotic.

Potassæ cum Calce, or Potash with Lime.

U.—The same as the above. Both these articles must be kept in well stoppered bottles, as they are very deliquescent.

Potassæ Acetas, or Acetate of Potash.

U.—Diuretic in doses of one scruple to a drachm, and Cathartic in doses of two to three drachms.

Potassæ Sulphas, or Sulphate of Potash.

U.—Seldom or ever given by itself, but chiefly used in preparing Dover's Powder.

D.—Ten grains to four drachms.

Potassæ Bisulphas, or Bisulphate of Potash.

U.—Given with other purgatives, especially Rhubarb.

D.—Ten grains to one drachm.

Potassæ Tartras, or Tartrate of Potash.

U.—A mild Purgative.

Liquor Potassæ Carbonatis, यांने Solution Carbonate Potash का.

F.—Tásír iskí misl tásír dawá mazkúrai bálá hai.

M.—Das minim se ek drachm tak, do yá tín martabah ek din men.

Potassæ Bicarbonas, यांने Bicarbonate Potash का.

F.—Tásír iskí misl tásír dawá mazkúrai bálá hai.

M.—Das grain se tís grain tak.

Liquor Potassæ Effervescens, यांने Effervescing Solution Potash का.

F.—Tásír iskí misl tásír dawá mazkúrai bálá hai.

M.—Chár ounce se áth ounce tak.

Liquor Potassæ, यांने Solution Potash का.

F.—Antacid, यांने mubtili tásír tezáb, aur mudir, Alterative, यांने sudhárnewálí aur Lithontripitic, यांने gudázindai sangmasáná hai, baamráz jildi jaise juzám aur Psoriasis waghairá ke istamál karte hai, aur dúdh, yá shorbe, yá achchhí sharáb Beer kesáth píte hai.

M.—Das minim se nisf drachm tak, ek din men do yá tín martabah.

Potassæ Hydras, यांने Hydrate Potash का.

F.—Bahár jism ke wáste paidá karne tásír Escharotic, यांने galáne ke lagáte hai.

Potassæ cum Calce, यांने Potash milá huá chúne का.

F.—Tásír iskí misl tásír dawá mazkúrai bálá hai. Yih do dawáen achchhí tarah se munh band kí huí botal men rakkhí jáwen, isliye ki yih donon chízen deliquescent hotí hai, यांने hawá se pighal jatí hai.

Potassæ Acetas, यांने Acetate Potash का.

F.—Mudir hai bích miqdár ek scruple se ek drachm tak, aur mushil hai bích miqdár do yá tín drachm tak.

Potassæ Sulphas, यांने Sulphate Potash का.

F.—Kabhí kabhí yih díjatí hai eklá, magar beshtar istamál men áti hai bích taiyár karne Dover's Powder ke.

M.—Das grain se chár drachm tak.

Potassæ Bisulphas, यांने Bisulphate Potash का.

F.—Yih díjástí hai bashamúl aur mushilon ke, khusúsan reward chíní.

M.—Das grain se ek drachm tak.

Potassæ Tartras, यांने Tartrate Potash का.

F.—Muláim mushil hai.

Potassii Bromidum, or Bromide of Potassium.

U.—Given in cases of Enlarged Spleen.

D.—Three to ten grains, two or three times a day.

Potassii Iodidum, or Iodide of Potassium.

U.—Alterative, given in Scrophula, Chronic Rheumatism and Secondary Syphilis, in infusion of Ununtamool, or Sarsaparilla.

D.—Three to ten grains, three times a day.

Potassii Sulphuretum, or Sulphuret of Potassium.

U.—Internally it is seldom given; externally it is employed in several cutaneous diseases, especially in Itch in children.

Sodæ Carbonas, or Carbonate of Soda.

U.—Antacid and Diuretic.

D.—Ten to thirty grains, two or three times a day.

Sodæ Carbonas Exsiccata, or Dried Carbonate of Soda.

U.—The same as the above.

D.—Five to fifteen grains, two or three times a day.

Sodæ Sesquicarbonas, or Sesquicarbonate of Soda.

U.—The same as above, it is also employed in making Effervescing Powders with Tartaric Acid.

D.—Ten to thirty grains.

Sodæ Sulphas, or Sulphate of Soda.

U.—Purgative.

D.—Four drachms to two ounces.

Sodæ Potassio Tartras, or Potassio Tartrate of Soda.

U.—Purgative.

D.—Two drachms to one ounce.

Liquor Sodæ Chlorinatæ, or Solution of the Chlorinated Soda, or "Labarraque's Disinfecting Fluid."

U.—It is employed for fumigating rooms, and destroying the smell of decaying animal matter. It is also used in bleaching cloth.

Sodæ Murias, Muriate of Soda, or Common Salt.

U.—A table spoonful dissolved in water, acts as a speedy Emetic.

Potassii Bromidum, यांने Bromide Potassium का.

F.—Yih dījātī hai warm tihāl meṇ.

M.—Tīn grain se das grain tak, do yā tīn martabah ek din meṇ.

Potassii Iodidum, यांने Iodide Potassium का.

F.—Alterative, यांने sudhārnewālī dījātī hai, baamrāz kanṭh-mālā derpā gathyā kure, ātshak kohnā hamrāh ḡhisāndah Ununtamool, yā Sarsaparilla, यांने Ushba ke.

M.—Tīn grain se das grain tak, tīn martabah ek din meṇ.

Potassii Sulphuretum, यांने Sulphuret Potassium का.

F.—Kabhī kabhī baistamāl andarūnī kām ātī hai, bāhari istamāl meṇ ātī hai bīch muḡhtalif bīmārion jildī ke, maḡhsūs bīch ḡhārish laṅkon ke.

Sodæ Carbonas, यांने Carbonate Soda का.

F.—Antacid aur Diuretic, यांने mudir hai.

M.—Das grain se tīs grain tak, do yā tīn martabah ek din meṇ.

Sodæ Carbonas Ersiccata, यांने ḡhushk Carbonate Soda का.

F.—Tāsīr iskī misl tāsīr dawā mazkūrai bālā hai.

M.—Pāñch grain se pāndrah grain tak, do yā tīn martabah ek din meṇ.

Sodæ Sesquicarbonas, यांने Sesquicarbonate Soda का.

F.—Tāsīr iskī misl tāsīr dawā mazkūrai bālā hai, yih bīch taiyār karne safūf bulbule uḡhānewālī adwiya ke kām meṇ ātī hai, ba-istamāl Tartaric Acid.

M.—Das grain se tīs grain tak.

Sodæ Sulphas, यांने Sulphate Soda का.

F.—Mushil.

M.—Chār drachm se do ounce tak.

Sodæ Potassio Tartras, यांने Potassio Tartrate Soda का.

F.—Mushil.

M.—Do drachm se ek ounce tak.

Liquor Sodæ Chlorinate, यांने Solution Chlorinated Soda का, yā “Labarraque’s Disinfecting Fluid.”

F.—Yih bīch dhūnī dene kamron makānāt, aur dāfai karne afūnat maddah haiwāne ke. Bīch sufed karne kapron ke bhī istamāl hotī hai.

Sodæ Murias, यांने Muriate Soda का, yā mashhūr namak.

F.—Ek chāmmach mez kā jo pānī meṇ galāwe, to fauran iskī tāsīr se qai hotī hai.

Zinci Sulphas, or Sulphate of Zinc.

U.—Internally it is Tonic and Astringent, given in Dysentery, dose one to four grains, three times a day, made into Pills. As an Emetic, dose from ten to thirty grains. Externally it is used in lotions and ointment as an Astringent.

Zinci Oxydum, or Oxide of Zinc.

U.—Tonic made into Pills.

D.—One to six grains, twice a day.

Mistura Acaciæ, or Mixture of Gum Arabic.

U.—Mucilagenous, may be taken in any quantity.

Mistura Ammoniaci, or Mixture of Ammoniacum.

U.—Expectorant, given in Chronic Coughs, combined with Tincture of Squills.

D.—Four drachms to one ounce, three or four times a day.

Mistura Amygdalæ, or Almond Mixture.

U.—Demulcent and Diluent, may be taken in any quantity.

Mistura Assafœtidæ, or Mixture of Assafœtida.

U.—Antispasmodic, given in Hysterics, and in convulsion of children arising from dentition. It is also given in Enemas for Worms.

D.—Four drachms to one ounce.

Mistura Camphoræ, or Camphor Mixture.

U.—Stimulant, given in the Collapse of Fever and Cholera, Syncope, and many other diseases of debility.

D.—One to two ounces, every two or three hours.

Mistura Cascarilla Composita, or Compound Mixture of Cascarilla.

U.—Stimulant and Expectorant.

D.—One to one ounce and a half, twice a day.

Zinci Sulphas, यांने Sulphate Zinc का.

F.—Baistamál andarúni muqawwí aur qábiz hai, *Dysentery*, यांने pechish में बमि़qdár ek grain से चár grain तक, तीन martabah ek din में, goliyon में istamál hotí hai. Jab ki das grain से tás grain तक dījātí hai, to muqai hai. Báhari istamál iská Lotions aur marham में hotá hai jaisá ki Astringent.

Zinci Oxydum, यांने Oxide Zinc का.

F.—Muqawwí, iski goliyon bantí hai.

M.—Ek grain से चár grain तक, do martabah ek din में.

Mistura Acaciæ, यांने Mixture Samugh Urubí का.

Fáidah.—Mucilagenous, यांने luábdár diyá jātá hai baqadar hájat.

Mistura Ammoniæ, यांने Mixture Ammoniacum का.

F.—Expectorant, यांने dáfai balgham diyá jātá hai khápsí purá-rní में, jismे में miláyá jātá hai Tincture Squills का.

M.—Chár drachm से ek ounce तक, तीन yá चár martabah ek din में.

Mistura Amygdalæ, यांने Mixture bádam का.

F.—Demulcent, यांने tar karnewáhi, aur Diluent, यांने raqíq dī jātí hai baqadar hájat.

Mistura Assafoetidæ, यांने Mixture híng का.

F.—Antispasmodic, यांने dáfai tashannuj, baárrzah Hysterics के diyá jātá hai, aur bích bímári aínth maroṛ larkeon kí में, jab ki dánt unke nikalte hai. Yih bích pichkárí kíron के bhí dījātí hai.

M.—Chár drachm से ek ounce तक.

Mistura Camphoræ, यांने Mixture káfúr का.

F.—Stimulant, यांने mufarrir bahálat behoshí, tap, haizá, gasht, aur bahut bímáriyon kamzori के istamál hotá hai.

M.—Ek ounce से do ounce तक, harek do yá तीन ghante के bad.

Mistura Cascariille Composita, यांने murakkab mixture Cascariilla का.

F.—Stimulant, यांने mufarrir aur Expectorant, यांने dáfai balgham.

M.—Ek ounce से derh ounce तक, do martabah ek din में.

Oleum Anisi, or Oil of Aniseed.
Oleum Anthemidis, or Oil of Chamomile.
Oleum Carui, or Oil of Carraway.
Oleum Juniperi, or Oil of Juniper.
Oleum Lavandulæ, or Oil of Lavender.
Oleum Menthæ Piperitæ, or Oil of Peppermint.
Oleum Menthæ Pulegii, or Oil of Pennyroyal.
Oleum Menthæ Viridis, or Oil of Spearmint.
Oleum Origani, or Oil of Marjoram.
Oleum Pimentæ, or Oil of Pimenta.
Oleum Rosmarini, or Oil of Rosemary.
Oleum Sambuci, or Oil of Elder flowers.

Mistura Scammonia, yane Mixture Saqmúniyá ká.

F.—Drastic Purgative, yane mushil tez.

M.—Ek ounce se tén ounce tak.

Mistura Spiritus Vini Gallici, yane Mixture Spirit Fransái sharáb ká.

F.—Stimulant, yane mufarrir aur muqawwí, ákhir hálat tap ke dí játí hai.

M.—Chár drachm se derh ounce tak, kabhí kabhí.

Mistura Tragacanthæ, yane Mixture Tragacanth ká.

F.—Mucilagenous, yane luábdár diyá játá hai, baqadar hájât. Yih beshtar bích taiyár karne louzyát ke istamál hotá hai.

Oleum Anisi, yane roghani bádyán.

Oleum Anthemidis, yane roghan i bábúna.

Oleum Carui, yane roghan i zíra.

Oleum Juniperi, yane roghan i Juniper.

Oleum Lavandulæ, yane roghan i Lavender.

Oleum Menthe Piperitæ, yane roghan i Peppermint.

Oleum Menthe Pulegii, yane roghan i Pennyroyal.

Oleum Menthe Viridis, yane roghan i Spearmint.

Oleum Origani, yane roghan i Marjoram.

Oleum Pimentæ, yane roghan i Pimenta.

Oleum Rosmarini, yane roghan i Rosemary.

Oleum Sambuci, yane roghan i gul i Elder.

Oleum Succini, yane roghan i kabrúba.

Effúdah.—Muharriq aur Carminative, yane dáfai báí.

Miqdár.—Do yá tén qatre, Spirit of Wine men milákar istamál karte hai.

Roghan i Bergamot.

F.—Aksar batanr khushbú ke kám átá hai.

Roghan i Copaiba.

F.—Mudir hai, aksar baársah suzák ke dete hai.

M.—Dus minim se pandrah minim tak, do yá tén din men, kisi Mucilagenous, yane luábdár saiyál ke karte hai.

Pilula Aloes Composita, or Compound Pill of Aloes.

Use.—Purgative, Tonic, and Stomachic, given in cases of habitual costiveness.

Dose.—Ten to twenty grains.

Pilula Aloes cum Myrrha, or Pill of Aloes with Myrrh.

U.—Stimulant and Aperient.

D.—Ten to twenty grains.

Pilula Conii Composita, or Compound Pills of Hemlock.

U.—Antispasmodic, Diaphoretic and Sedative.

Pilula Aloes Composita, yane murakkab golí sibr kí.

Fáidáh.—Mushil aur muqawwí medeh hai, aur hásim baárzahi qabzadí ke dete hai.

Miqdár.—Das grain se bís grain tak.

Pilula Aloes cum Myrrhá, yane golí sibr mai murr ke.

F.—Muharriq aur mulayyan hai.

M.—Das se bís grain tak.

Pilula Conii Composita, yane murakkab golí Hemlock kí.

F.—Antispasmodic, yane dáfái mařor, aur muharriq, aur musakin hai.

M.—Páñch se das grain tak, do yá tín martabah ek din meñ.

Pilula Ferri Composita, yane murakkab golí lohe kí.

F.—Muqawwí aur muharriq hai.

M.—Das se tís grain tak.

Pilula Galbani Composita, yane murakkab golí Galbanum kí.

F.—Antispasmodic, yane dáfái mařor, aur muharriq, Emmenagogue, yane háisáwar hai.

M.—Das se bís grain tak.

Pilula Gambegia Composita, yane murakkab golí shirai-rewand kí.

D.—Five to ten grains.

Pilule Hydrargyri Iodidi, or Pills of Iodide of Mercury.

U.—Alterative, given in Scrophula.

D.—Three to ten grains.

Pilule Ipecacuanhæ Composita, or Compound Pills of Ipecacuanha.

U.—Sudorific and Narcotic.

D.—Five grains, three times a day, or ten grains, at bedtime.

Pilule Kaladannæ, or Kaladanna Pills.

U.—An excellent Cathartic.

D.—Ten to twenty grains.

Pilule Opii cum Acetate Plumbi, or Pills of Opium and Acetate of Lead.

U.—Anodyne and Astringent, given in Incipient Cholera, and in Acute, and Chronic Dysentery.

D.—Five to ten grains.

Pilule Rhei Composita, or Compound Pills of Rhubarb.

U.—Laxative.

D.—Ten to thirty grains.

Pilule Sagapeni Composita, or Compound Pills of Sagapenum.

U.—Antibilious and Laxative, given in Colic, caused by Sedentary occupations.

D.—Five to ten grains.

Pilule Saponis Composita, or Compound Pills of Soap.

U.—Narcotic.

D.—Three to ten grains.

Pilule Scillæ Composita, or Compound Pills of Squill.

U.—Expectorant and Diuretic.

D.—Ten to twenty grains.

Pilulæ Hydrargyri Chloridi Composita, yāne murakkab goliyān Chloride páre kí, jisko Plummer's Pill kahte haiṅ.

F.—Alterative, yāne sudhárnewálí hai baamráz jildí aur átshak darjai doyam ke dete haiṅ.

M.—Pāñch se das grain tak.

Pilulæ Hydrargyri Iodidi, yāne golí Iodide páre kí.

F.—Alterative, yāne sudhárnewálí hai, baárzahi Scrophula, yāne kanthmálá ke dete haiṅ.

M.—Tín se das grain tak.

Pilulæ Ipecacuanhæ Composita, yāne murakkab golí Ipecacuanha kí.

F.—Muharriq aur sun karnewálí hai.

M.—Pāñch grain, ek din men tín martabah, yá das grain sote waqt.

Pilulæ Kaladannæ, yāne golí Kaladanna kí.

F.—Umdah mushil hai.

M.—Das se bís grain tak.

Pilulæ Opíi cum Acetate Plumbi, yāne golí afyún aur Acetate shíshah kí.

F.—Musakkin aur qábiz hai, baárzahi Incipient Cholera, yāne ibtidá haize ke, aur Acute, yāne shadíd, aur Chronic, yāne derpá árzái Dysentery, yāne pechish ke dete haiṅ.

M.—Pāñch grain se das grain tak.

Pilulæ Rhei Composita, yāne murakkab golí rewand chíní kí.

F.—Mulayyan hai.

M.—Das se tís grain tak.

Pilulæ Sagapeni Composita, yāne murakkab golí Sagapenum kí.

F.—Antibilious, yāne dáfaí pit aur mulayyan aur dastáwar hai, baárzahi qúling ke, jo basabab aise peshe yá kám ke láhaq ho jismen baithná partá ho, iskí golí istamál karte haiṅ.

M.—Pāñch se das grain tak.

Pilulæ Saponis Composita, yāne murakkab golí sábuṅ kí.

F.—Muskir hai.

M.—Tín se das grain tak.

Pilulæ Scillæ Composita, yāne murakkab golí Squill kí.

F.—Expectorant, yāne dáfaí balgham aur mudir hai.

M.—Das se bís grain tak.

Pilule Styracis Composita, or Compound Pills of Storax.

U.—Balsamic, and slightly Expectorant, given in Chronic affections of the Lungs.

D.—Three to ten grains.

Pulvis Aloes Compositus, or Compound Powder of Aloes.

Use.—Cathartic and Sudorific.

Dose.—Ten to twenty grains.

Pulvis Cinnamomi Compositus, or Compound Powder of Cinnamon.

U.—Stimulant and Aromatic, generally given in some Aromatic Water.

D.—Five to ten grains.

Pulvis Cretæ Compositus, or Compound Powder of Chalk.

U.—Astringent and Antacid.

D.—Five to thirty grains.

Pulvis Cretæ Compositus cum Opio, or Compound Powder of Chalk with Opium.

U.—Astringent, Antacid, and Anodyne.

D.—Five to thirty grains.

Pulvis Ipecacuanhæ Compositus, or Compound Powder of Ipecacuanha, or Dover's Powder.

U.—Sudorific and Anodyne, given in cases of Rheumatism and Dysentery.

D.—Five to twenty grains.

Pulvis Jalapæ Compositus, or Compound Powder of Jalap.

U.—Purgative.

D.—Twenty to forty grains.

Pulvis Kino Compositus, or Compound Powder of Kino.

U.—Aromatic, Astringent, and Sedative.

D.—Five to twenty grains.

Kuchila, or Mulung Powder.

U.—A powerful convulsive Tonic, producing the same effects as Strichnine and Brucine preparations.

D.—One grain, gradually increased.

Pilula Styracis Composita, यांने मुराक्काब गोली Storax, यांने सालजित की.

F.—Balsamic, यांने ifāqa dihandah, aur dāfai balgham hai, badar-jai khafif aur baārzahi kohnah bīmārī phepre ke dete hai.

M.—Tīn se das grain tak.

Pulvis Aloes Compositus, यांने मुराक्काब safūf sibr kā.

Fāidah.—Mushil aur muharrik hai.

Miqdār.—Das se bīs grain tak.

Pulvis Cinnamomi Compositus, यांने मुराक्काब safūf dārchīnī kā.

F.—Muharrik aur khushbūdār hotā hai, aksar khushbūdār pānī meṇ istamāl iskā karte hai.

M.—Pāñch se das grain tak.

Pulvis Cretæ Compositus, यांने मुराक्काब safūf khariyā kā.

F.—Qābiz aur Antacid, यांने dāfai tāsīr tezāb hai.

M.—Pāñch se bīs grain tak.

Pulvis Cretæ Compositus cum Opio, यांने मुराक्काब safūf khariyā aur afyūn kā.

F.—Qābiz, aur Antacid, यांने mubtil tāsīr tezāb, aur musakkin hai.

M.—Pāñch se tīs grain tak.

Pulvis Ipecacuanhæ Compositus, यांने मुराक्काब safūf Ipecacuanha kā, jisko Dover's Powder kahte hai.

F.—Muharrik aur musakkin hai, baārzah Dysentery, यांने pechish aur gaṭhiyā ke dete hai.

M.—Pāñch se bīs grain tak.

Pulvis Jalapæ Compositus, यांने मुराक्काब safūf Jalap kā.

F.—Mushil hai.

M.—Bīs se chālīs grain tak.

Pulvis Kino Compositus, यांने मुराक्काब safūf Kino kā.

F.—Khushbūdār, aur qābiz, aur ārām dihandah hai.

M.—Pāñch se bīs grain tak.

Kuchila, यांने safūf Mulung kā.

F.—Qawwī aur aīnthnewālā safūf hai, uskī tāsīr misl tāsīr dawāi Strychnine aur Brucine ke hai.

M.—Ek grain se darja badarja barhāte hai.

Karanjwa Powder.

U.—Tonic and Febrifuge.

D.—Six to twenty grains, three times a day.

Compound Powder of Mudar.

U.—An excellent substitute for Ipecacuanha, only given double the quantity of the Mudar for the Ipecacuanha.

Pulvis Rhei Compositus, or Compound Rhubarb Powder, or Gregory's Powder.

U.—Antacid and Aperient, much given to children.

D.—Five grains to one drachm.

Pulvis Sahēba, or Worm Seed Powder.

U.—Vermifuge, given to children.

D.—Three to ten grains.

Pulvis Scammonii Compositus, or Compound Powder of Scammony.

U.—Purgative.

D.—Five to twenty grains.

Pulvis Tragacanthæ Compositus, or Compound Powder of Tragacanth.

U.—Demulcent, given in colds, Diarrhœa and Dysentery.

D.—Ten grains to one drachm.

Syrupus Althæa, or Syrup of Marshmallow.

Use.—Demulcent and Mucilagenous.

Dose.—One to four drachms.

Syrupus Aurantii, or Syrup of Orange peel.

U.—Aromatic and Stomachic.

D.—One to four drachms.

Syrupus Crini, or Syrup of Kanoor.

U.—Nauseating and Emetic for Children, repeated as often as required, every half hour.

D.—Two to four drachms.

Syrupus Croci, or Syrup of Meadow Saffron.

U.—Chiefly for colouring Medicines.

Safúf Karanjwá.

F.—Muqawwí aur dáfai bukhár hai.

M.—Chhah se bís grain tak, ek din men tín martabah.

Murakkab safúf Mudár ká.

F.—Yih dawá bajái Ipecacuanha ke umdah awaz tajwíz huá hai, magar banisbat miqdár Ipecacuanha ke dugní díjái hai.

Pulvis Rhei Compositus, yane murakkab safúf rewand chíní ká, jisko Gregory ká Powder kahte hai.

F.—Antacid, yane dáfai tásir tezáb aur mulayyan hai, aksar larḳon ko dete hai.

M.—Pāñch grain se ek drachm tak.

Pulvis Saheba, yane safúf tukhm kíron ká.

F.—Vermifuge, yane dáfai kirm hai, larḳon ko dete hai.

M.—Tín se das grain tak.

Pulvis Scammonii Compositus, yane murakkab safúf Saqmúnia ká.

F.—Mushil hai.

M.—Pāñch se bís grain tak.

Pulvis Tragacantha Compositus, yane murakkab safúf Tragacanth, yane katíre ká.

F.—Mulayyan hai, baamráz sardí aur Diarrhoea, yane ishál raqíq, aur Dysentery, yane pechish ke dete hai.

M.—Das grain se ek drachm tak.

Syrupus Althæa, yane shírah Marshmallow ká.

Fáidah.—Tar karnewálá, aur Mucilagenous, yane luábdár hai.

Miqdár.—Ek se chár drachm tak.

Syrupus Aurantii, yane shírah post rangtare ká.

F.—Khushbúdár aur mufíd medeh hai.

M.—Ek se chár drachm tak.

Syrupus Crini, yane shírah kánúr ká.

F.—Nafrat paidá kunandah aur qaiáwar hai, larḳon ko dete hai, baqadar zarúrat jai martabah cháhiye wai martabah diyá jáwe, baḍ ádh ádh ghanṭe ke.

M.—Do se chár drachm tak.

Syrupus Croci, yane shírah zafrán Meadow ká.

F.—Aksar wáste rang dene adwiyát ke mustamil hai.

Syrupus Limonum, or Syrup of Lemons.

U.—A pleasant Acid Syrup, given in effervescing draughts.

D.—One to four drachms.

Syrupus Mori, or Syrup of Mulberries.

U.—A red Syrup, chiefly for colouring Medicines.

Syrupus Papaveris, or Syrup of Poppy Heads.

U.—Anodyne and Narcotic, chiefly given to children.

D.—One to four drachms.

Syrupus Rhamni, or Syrup of Buckthorn.

U.—Cathartic, very seldom given.

D.—Four drachms to one ounce.

Syrupus Rhæados, or Syrup of Red Poppy.

U.—Chiefly for colouring Medicines.

Syrupus Rosæ, or Syrup of Rose.

U.—Slightly Purgative, chiefly given to babies.

D.—Two drachms to one ounce.

Syrupus Sarzæ, or Syrup of Sarsaparilla.

U.—Alterative and Diuretic, chiefly employed in the Decoction and Infusion of Sarsaparilla.

D.—Four drachms to one ounce.

Syrupus Scillæ, or Syrup of Squills.

U.—Nauseating for children, given in Hooping Cough.

D.—One drachm occasionally.

Syrupus Sennæ, or Syrup of Senna.

U.—Purgative, given to children.

D.—Two to four drachms.

Syrupus Tolutani, or Syrup of Tolu.

U.—To give a pleasant flavour to Medicines.

D.—One to four drachms.

Syrupus Ununtamool, or Syrup of Hemidesmus, and Syrup of China root or chob chinee.

U.—The same as the Syrup of Sarsaparilla.

Syrupus Zingiberis, or Syrup of Ginger.

U.—Stimulant and Aromatic.

D.—Two drachms to one ounce.

Syrupus Limonum, यां शीराह Limon का.

F.—Tursh aur záiqadár hotá hai, Effervescing tabridat में milákar dete hai.

M.—Ek se chár drachm tak.

Syrupus Mori, यां शीराहि shahtút.

F.—Yih shírah surkh rang hotá hai, aksar adwiyát ke rang dene में kám átá hai.

Syrupus Papaveris, यां शीराह post का.

F.—Musakkin aur muskir hai, aksar larḥon ko dete hai.

M.—Ek se chár drachm tak.

Syrupus Rhamni, यां शीराहि Buckthorn.

F.—Mushil hai, bahut kam istamál iská karte hai.

M.—Chár drachm se ek ounce tak.

Syrupus Rhæados, यां शीराह post surkh का.

F.—Aksar wáste rang dene adwiyát ke kám átá hai.

Syrupus Rosæ, यां शीराह guláb का.

F.—Badarjai kḥafíf dastáwar hai, aksar bachchon ko dete hai.

M.—Do drachm se ek ounce tak.

Syrupus Sarsæ, यां शीराह ushbá का.

F.—Alterative यां sudhárnewálá aur mudir hai, aksar joshándah aur kḥisándah ushbá में dálá játá hai.

M.—Chár drachm se ek ounce tak.

Syrupus Scillæ, यां शीराहि Squill.

F.—Nafrat paidá kunandah hai, larḥon ko baárzahi kúkar kḥánsí ke dete hai.

M.—Ek drachm kabhí kabhí.

Syrupus Sennæ, यां शीराह Senna का.

F.—Mushil hai, larḥon ko dete hai.

M.—Do se chár drachm tak.

Syrupus Tolutani, यां शीराह Tolu का.

F.—Wáste záiqadár karne adwiyát ke kám átá hai.

M.—Ek se chár drachm tak.

Syrupus Ununtamool, यां शीराह Hemidesmus का, aur shírah chob chíní का.

F.—Tásír inkí misl tásír shírah ushbá ke hai.

Syrupus Zingiberis, यां शीराह adrak का.

F.—Muharrik aur kḥushbúdár hotá hai.

M.—Do drachm se ek ounce tak.

Spiritus Ammoniae, or Spirit of Ammonia.

Use.—A powerful external Stimulant.

Spiritus Ammoniae Aromaticus, or Aromatic Spirit of Ammonia.

U.—A powerful stimulant, given in water, in flatulent Colic and Languors.

Dose.—Half a drachm to one drachm.

Spiritus Ammoniae Fœtidus, or Fœtid Spirit of Ammonia.

U.—Stimulant and Antispasmodic, given generally to children in water.

D.—Half a drachm to one drachm.

Spiritus Anisi, or Spirit of Aniseed.

U.—Stimulant and Carminative, given in flatulent Colic, mixed in water.

D.—Two to four drachms.

Spiritus Armoracæ Compositus, or Compound Spirit of Horseradish.

U.—Stimulant, given in water.

D.—Two to four drachms.

Spiritus Carui, or Spirit of Carraway.

U.—Carminative and Stimulant.

D.—Two to four drachms.

Spiritus Cinnamomi, or Spirit of Cinnamon.

U.—Stomachic and Stimulant.

D.—Two to four drachms.

Spiritus Juniperi Compositus, or Compound Spirit of Juniper.

U.—Stimulant and Diuretic, given in water, or combined with other Diuretics.

D.—Two to four drachms.

Spiritus Lavendulæ, or Spirit of Lavender.

U.—In preparing the Compound Camphor Liniment, and the Compound Tincture of Lavender.

Spiritus Menthe Piperitæ, or Spirit of Peppermint.

U.—Stimulant and Carminative, given in water for flatulence, spasms, &c.

D.—Two to four drachms.

Spiritus Ammoniae, यां Spirit noushâdar kâ.

Fâidah.—Bâhar jism par lagâne ke bahut qawî muharrik dawâ hai.

Spiritus Ammoniae Aromaticus, यां khushbûdâr Spirit naushâdar kâ.

F.—Qawî muharrik dawâ hai, baârzahi qúling bádî aur naqâhat ke pání में dete hai.

Miqdar.—Nisf drachm se ek drachm tak.

Spiritus Ammoniae Fœtidus, यां Fœtid Spirit noushâdar kâ.

F.—Muharrik aur Antispasmodic, यां dáfai tashannuj hai, aksar pání में milâkar laṛṛṇ ko dete hai.

M.—Nisf drachm se ek drachm tak.

Spiritus Anisi, यां Spirit saunf kâ.

F.—Muharrik aur Carminative, यां dáfai báî hai, baârzahi qúling bádî ke pání में milâkar dete hai.

M.—Do se châr drachm tak.

Spiritus Armoraciae Compositus, यां murakkab Spirit Sohunjana kí jaṛ kâ.

F.—Muharrik hai, pání में milâkar dete hai.

M.—Do se châr drachm tak.

Spiritus Carui, यां Spirit Zire kâ.

F.—Carminative, यां dáfai báî aur muharrik hai.

M.—Do se châr drachm tak.

Spiritus Cinnamomi, यां Spirit dârchínî kâ.

F.—Mufîd medeh aur muharrik hai.

M.—Do se châr drachm tak.

Spiritus Juniperi Compositus, यां murakkab Spirit Juniper, यां saro-kohî kâ.

F.—Muharrik aur mudir hai, pání में yâ dígar múdir dawâ ke sâth istamâl karte hai.

M.—Do se châr drachm tak.

Spiritus Lavendulae, यां Spirit Lavender kâ.

F.—Murakkab marham kafûr aur murakkab Tincture Lavender ke banâne में kâam átâ hai.

Spiritus Menthae Piperitæ, यां Spirit Peppermint kâ.

F.—Muharrik aur Carminative, यां dáfai báî hai, wâste maraz bádî aur chabak waghairah ke pání में dete hai.

M.—Do se châr drachm tak.

Spiritus Menthe Pulegii, or Spirit of Pennyroyal.

U. and D.—The same as above.

Spiritus Menthe Viridis, or Spirit of Spearmint.

U. and D.—The same as the Peppermint.

Spiritus Myristicæ, or Spirit of Nutmeg.

U. and D.—The same as the above.

Spiritus Pimentæ, or Spirit of Pimenta.

U. and D.—As the above.

Spiritus Rosmarini, or Spirit of Rosemary.

U.—In preparing the Soap Liniment and the Compound Tincture of Lavender.

Compound Spirit of Sohunjuna.

U.—Stimulant, given in water.

D.—Two to four drachms.

Tinctura Aloes, or Tincture of Aloes.

Use.—Purgative and Stomachic.

Dose.—Four drachms to an ounce and a half.

Tinctura Aloes Composita, or Compound Tincture of Aloes.

U.—Purgative and Stomachic.

D.—One to two drachms.

Tinctura Ammoniac Composita, or Compound Tincture of Ammonia.

U.—A powerful Stimulant and Antispasmodic, given frequently in Snake bites.

D.—Ten to fifteen drops in water, repeated frequently.

Tinctura Assafœtidæ, or Tincture of Assafœtida.

U.—Stimulant and Antispasmodic.

D.—One to two drachms.

Tinctura Aurantii, or Tincture of Orange.

U.—Stomachic, given with bitter infusions and decoctions.

D.—Two to four drachms.

Tincture of Barberry.

U.—Febrifuge, Tonic, and Aperient.

Dose.—Two or three times a day.

Spiritus Menthe Pulegii, yaṇe Spirit Pennyroyal ká.

F. aur *M.*—Misl dawái mazkúrai bálá hai.

Spiritus Menthe Viridis, yaṇe Spirit Spearmint ká.

F. aur *M.*—iská misl miqdar Peppermint ke hai.

Spiritus Myristiceæ, yaṇe Spirit jaiphal ká.

F. aur *M.*—Misl dawái mazkúrai bálá hai.

Spiritus Pimentæ, yaṇe Spirit Pimenta ká.

F. aur *M.*—Misl dawái mazkúrai bálá hai.

Spiritus Rosmarini, yaṇe Spirit Rosemary ká.

F.—Marham sábuṇ aur murakkab Tincture Lavender ke banáne meṇ kám átá hai.

Murakkab Spirit Sohunjuna.

F.—Muharrik hai, pání meṇ dete haiṇ.

M.—Do se chár drachm tak.

Tinctura Aloes, yaṇe Tincture sibr ká.

Fáidah.—Mushil aur muḥíd medeh hai.

Miqdár.—Chár drachm se ek ounce tak.

Tinctura Aloes Composita, yaṇe murakkab Tincture sibr ká.

F.—Mushil aur muḥíd medeh hai.

M.—Ek se do drachm tak.

Tinctura Ammoniac Composita, yaṇe murakkab Tincture naushá-dar ká.

F.—Yih dawá bahut qawí muharriq, aur Antispasmodic, yaṇe dáḥai maṛoṛ hai, aksar sánp ke káṭe hue ko dete haiṇ.

M.—Das se paṇdrah qatre tak pání meṇ istamál karte haiṇ, aur kai martabah piláte haiṇ.

Tinctura Assafoetida, yaṇe Tincture híng ká.

F.—Muharriq aur Antispasmodic, yaṇe dáḥai tashannuj hai.

M.—Ek se do drachm tak.

Tinctura Aurantii, yaṇe Tincture rangtarah ká.

F.—Muḥíd medeh Infusion, yaṇe khisáṇdah talḥ aur Decoction, yaṇe josháṇdah ke sáth dete haiṇ.

M.—Do se chár drachm tak.

Tincture Barberrry.

F.—Dáḥai buḥhár, aur muqawwí, aur mulayyan hai.

M.—Do se chár drachm tak, do yá tín martabah ek din meṇ.

Tinctura Benzoini Composita, or Compound Tincture of Benzoin, or Friar's Balsam.

U.—Stimulant and Expectorant, given in Chronic Catarrhs, and confirmed Asthma.

D.—Half a drachm to two drachms.

Tincture of Buchu.

U.—An Astringent Diuretic, given in Chronic diseases of the Urinary organs.

D.—One to two drachms.

Tinctura Balsami Tolutani, or Tincture of Balsam of Tolu.

U.—Expectorant, given in Chronic Coughs and Catarrhal affections.

D.—Ten to fifteen drops, three or four times a day.

Tinctura Calumbæ, or Tincture of Calumba.

U.—Tonic and Stomachic.

D.—One to four drachms.

Tinctura Camphoræ, or Tincture of Camphor.

U.—Externally as a Stimulant, applied in Chronic Rheumatism and Chilblains.

Tinctura Camphoræ Composita, or Compound Tincture of Camphor, or "Paregoric Elixir."

U.—Anodyne and Diaphoretic.

D.—One to three drachms.

Tinctura Cantharides, or Tincture of Spanish Flies.

U.—Diuretic and Stimulant, given internally in Gleet, Fluor Albus, and incontinence of Urine; Externally as a Rubefacient, combined with Camphor Liniment.

D.—Ten minims to one drachm.

Tinctura Capsici, or Tincture of red pepper.

U.—Stimulant, given in the low stage of Typhus Fever, and in relaxed Uvula.

D.—Ten minims to one drachm.

Tinctura Cardamomi, or Tincture of Cardamoms.

U.—Stimulant and Carminative, given in some bitter infusion.

D.—One to two drachms.

Tinctura Benzoini Composita, यांने murakkab Tincture lobán jisko “Friar’s Balsam” kahte haiñ.

F.—Muharrik aur muarrik hai, Chronic Catarrh यांने zukám puráne aur zíqunnafs में dete haiñ.

M.—Nisf drachm se do drachm tak.

Tincture Buchu.

F.—Qábiz aur mudir hai, baárzahi puráne amráz azái pesháb ke istamál karte haiñ.

M.—Ek se do drachm tak.

Tinctura Balsami Tolutani, यांने Tincture Balsam Tolu ká.

F.—Dáfai balgham hai, puraní khánsí aur zukám में dete haiñ.

M.—Das se pándrah qatre tak, ek din में tín chár martabah.

Tinctura Calumbæ, यांने Tincture Calumba ká.

F.—Muqawwí aur mufíd medeh hai.

M.—Ek se chár drachm tak.

Tinctura Camphoræ, यांने Tincture kafúr ká.

F.—Báhar jism par lagáne ke liye khásiyat uskí muharrik hai, baárzahi kohna gathyá ke aur larcon ke phore phunsí ke mustamil hai.

Tinctura Camphoræ Composita, यांने murakkab Tincture káfúr, jisko Paregoric Elixir blí kahte haiñ.

F.—Musakkin aur muarriq hai.

M.—Ek se tín drachm tak.

Tinctura Cantharides, यांने Tincture Spain kí makkhí ká.

F.—Mudir aur muharrik hai, andar jism ke baárzahi jiriyán aur “Fluor Albus,” aur salsal bál ke dete istamál karte haiñ; aur úpar jism ke tásir uskí Rubefacient, यांने lál karnewálí hai, marham káfúr में milákar lagáte haiñ.

M.—Das minim se ek drachm tak.

Tinctura Capsici, यांने Tincture lál mirch ká.

F.—Muharrik hai, baárzahi Typhus bukhár में jab nabz bahut sust aur zaíf hotí hai, aur dhíle hone Uvula ke dete haiñ.

M.—Das minim se ek drachm tak.

Tinctura Cardamomi, यांने Tincture iláichí ká.

F.—Muharrik aur Carminative, यांने dáfai báí hai, kisí talakh khísándah में istamál iská karte haiñ.

M.—Ek se do drachm tak.

Tinctura Cardamomi Composita, or Compound Tincture of Cardamoms.

U. and D.—The same as above.

Tinctura Cascarillæ, or Tincture of Cascarilla.

U.—Tonic and Stomachic.

D.—Twenty minims to two drachms.

Tinctura Catechu, or Tincture of Catechu.

U.—Astringent, given in Diarrhœa.

D.—One to four drachms.

Compound Tincture of Chiretta.

U.—A bitter and Cordial Tonic.

D.—One to two drachms.

Tinctura Cinchonæ, or Tincture of Cinchona.

U.—Tonic, Stomachic and Febrifuge, chiefly given with the Infusion or Decoction of Bark.

D.—One to four drachms.

Tinctura Cinchonæ Composita, or Compound Tincture of Cinchona.

U. and D.—The same as the above.

Tinctura Cinnamomi, or Tincture of Cinnamon.

U.—Stomachic and Astringent.

D.—One to two drachms.

Tinctura Cinnamomi Composita, or Compound Tincture of Cinnamon.

U. and D.—The same as the above.

Tinctura Colchici, or Tincture of Colchicum.

U.—Diuretic, given in Gout and Rheumatism.

D.—Twenty to thirty minims, two or three times a day.

Tinctura Colchici Composita, or Compound Tincture of Colchicum or Meadow Saffron.

U. and D.—The same as the above.

Tinctura Conii, or Tincture of Hemlock.

U.—Narcotic and Antispasmodic.

D.—Half a drachm to one drachm.

Tinctura Cubebæ, or Tincture of Cubebs.

U.—Stimulant and Diuretic, given in Gonorrhœa.

D.—Half a drachm to one drachm.

Tinctura Cardamomi Composita, yāne murakkab Tincture ilāichī ká.

F. aur *M.*—Misl dawái mazkurai bálá hai.

Tinctura Cascarillæ, yāne Tincture Cascarilla ká.

F.—Muqawwí aur mufíd medeh hai.

M.—Bís minim se do drachm tak.

Tinctura Catechu, yāne Tincturei katthá.

F.—Qábiz hai, baarzahi Diarrhœa, yāne daston ke dete hai.

M.—Ek se chār drachm tak.

Murakkab Tincture Chiretta ká.

F.—Talkh, farhat bakhsh muqawwí dawá hai.

M.—Ek se do drachm tak.

Tinctura Cinchonæ, yāne Tincturei Cinchona.

F.—Muqawwí, aur mufíd medeh aur dáfaí bukhār hai, aksar khísāndah yá joshāndah Bark ke sáth istāmál karte hai.

M.—Ek se chār drachm tak.

Tinctura Cinchonæ Composita, yāne murakkab Tincture Cinchona ká.

F. aur *M.*—Mutábiq dawái mazkúrai bálá ke hai.

Tinctura Cinnamomi, yāne Tincturei dārchíní.

F.—Mufíd medeh aur qábiz hai.

M.—Ek se do drachm tak.

Tinctura Cinnamomi Composita, yāne murakkab Tincturei dārchíní.

F. aur *M.*—Mutábiq dawái mazkúrai bálá ke hai.

Tinctura Colchici, yāne Tincture Colchicum ká.

F.—Mudir hai, baarzahi niqras aur gāṭhyá ke dete hai.

M.—Bís se tís minim tak, do yá tīn martabah ek din meṇ.

Tinctura Colchici Composita, yāne murakkab Tincture Colchicum yá zāfrān Meadow ká.

F. aur *M.*—Misl dawái mazkúrai bálá ke hai.

Tinctura Conii, yāne Tincture Hemlock ká.

F.—Musakkir aur Antispasmodic, yāne dáfaí tashannuj hai.

M.—Nisf drachm se ek drachm tak.

Tinctura Cubebæ, yāne Tincture Cubebs ká.

F.—Muharrík aur mudir hai, baarzahi suzak ke dete hai.

M.—Nisf drachm se ek drachm tak.

Tinctura Digitalis, or Tincture of Foxglove.

U.—Diuretic and Sedative, given in inflammation of the Lungs, Aneurism, Incipient Consumption and Inflammatory Dropsy.

D.—Ten to thirty drops, two or three times a day,

Tinctura Gallæ, or Tincture of Galls.

U.—Astringent.

D.—One to two drachms.

Tincture of Googul.

U. and *D.*—The same as the Tincture of Myrrh.

Tinctura Guaiaci Composita, or Compound Tincture of Guaiacum.

U.—Stimulant and Diaphoretic.

D.—One to three drachms.

Tincture of Gulancha.

U.—Tonic and Febrifuge.

D.—Two to four drachms.

Compound Tincture of Gurjun.

U.—Stimulant and Diuretic, given in milk, or sugar and water.

D.—Twenty to thirty drops.

Tinctura Hellebori, or Tincture of Hellebore.

U.—Emmenagogue.

D.—Thirty drops to one drachm.

Tincture of Hemp.

U.—Narcotic, Stimulant and Anticonvulsive, given in Cholera, Delirium Tremens, Lock-jaw, and other convulsive diseases. Also in Neuralgia and Tic-doloureux.

D.—Twenty drops to one drachm, given in sugar and water.

Tincture of Hermodactyl, or Soorinjantulk.

U.—Given in Gout and Rheumatism, a good substitute for Colchicum.

D.—Twenty to thirty drops.

Tinctura Hyoscyami, or Tincture of Henbane.

U.—Narcotic.

D.—Half a drachm to two drachms.

Tinctura Digitalis, यांने Tincture Foxglove का.

F.—Mudir aur musakkin hai, sozish pephre में aur Aneurism aur Incipient Consumption, यांने ibtidaī bīmārī sil में aur sozish istisqā में dete hai.

M.—Das se tīs qatre tak, do yā tīn martabah ek din में.

Tinctura Gallæ, यांने Tincture mājūphal का.

F.—Qābiz hai.

M.—Ek se do drachm tak.

Tinctura Gorgul.

F. aur M.—Is dawā kā misl Tincture Myrrh ke hai.

Tinctura Guaiaci Composita, यांने murakkab Tincture Guaiacum का.

F.—Muharrik aur muarriq hai.

M.—Ek se tīn drachm tak.

Tincture Gulancha.

F.—Muqawwī aur dāfai bukhār.

M.—Do se chār drachm tak.

Murakkab Tincture Gurjun का.

F.—Muharrik aur mudir hai, dūdh yā chinī aur pānī ke sāth istāmāl karte hai.

M.—Bīs qatre se tīs qatre tak.

Tinctura Hellebore, यांने Tincture kuṭkī का.

F.—Emmenagogue, यांने haizāwar hai.

M.—Tīs qatre se ek drachm tak.

Tincture Hemp का.

F.—Muskir, aur muharrik, aur dāfai maṛṛ hai, baārzahi haizā aur hiziyan aur behoshī aur Lock-jaw, aur dīgar awāriz maṛṛ ke diyā jātā hai, aur baārzahi Neuralgia aur Tic-doloureux ke bhī istāmāl uskā karte hai.

M.—Bīs qatre se ek drachm tak, chinī aur pānī में pīte hai.

Tincture Hermodactyl, यांने Soorinjantalk का Tincture.

F.—Baārzahi niqras aur gaṭhyā ke dete hai, bajāī Colchicum yih dawā bahut bihtar āwaz tajwīz hūī hai.

M.—Bīs qatre se tīs qatre tak.

Tinctura Hyoscyami, यांने Tincture Henbane का.

F.—Sun karnewālī hai.

M.—Nisf drachm se do drachm tak.

Tinctura Iodini Composita, or Compound Tincture of Iodine.

U.—Alterative, given in Scrophula and Secondary Syphilis.

D.—Five to thirty minims, two or three times a day.

Tinctura Jalapæ, or Tincture of Jalap.

U.—Cathartic, generally given with some other Aperient Medicine.

D.—Four drachms to one ounce.

Tincture of Kaladana.

U.—Cathartic.

D.—One to two drachms.

Tinctura Kino, or Tincture of Kino.

U.—Astringent.

D.—One to two drachms.

Compound Tincture of Kreat.

U.—Tonic, Stimulant and Slightly Aperient. Given in Dyspepsia, and Torpidity of the bowels.

Tinctura Lavendulæ Composita, or Compound Tincture of Lavender.

U.—Stimulant and Stomachic, given in Languors.

D.—One to four drachms.

Tinctura Lupuli, or Tincture of Hop.

U.—Sedative and a bitter Tonic.

D.—Half a drachm to two drachms.

Tincture of Mishme Teeta.

U.—A bitter Tonic.

D.—One to two drachms.

Tincture of Mugrela.

U.—Stimulant and Diaphoretic, given to females to promote the secretion of milk.

D.—Half a drachm to two drachms.

Tincture of Myrobolan.

U.—A powerful Astringent.

D.—Twenty drops to a drachm.

Tinctura Iodini Composita, यांने मुरक्काब Tincture Iodine का.

F.—Durust kunandai jism hai, baārzahi kanthmālā aur darjai doyam ātshak ke dete hai.

M.—Pāñch se tīs minim tak, ek din men do yā tīn martabah.

Tinctura Jalapæ, यांने Tincture Jalap का.

F.—Mushil hai, aksar yih dawā kisī mulayyan dawā ke sāth mus-tamīl hotī hai.

M.—Chār drachm se ek ounce tak.

Tincture Kaladana का.

F.—Dastāwar hai.

M.—Ek se do drachm tak.

Tinctura Kino, यांने Tincture Kino का.

F.—Qābiz hai.

M.—Ek se do drachm tak.

Compound Tincture Kreat का.

F.—Muqawwī, aur muharrik, aur mulayyan hai; badarjai khafīf baārzahi Dyspepsia, यांने badhazmī aur jāri hone peṭ ke dete hai.

Tinctura Lavendulæ Composita, यांने मुरक्काब Tincture Laven-der का.

F.—Muarriq aur mufīd medeh hai, maqūhat aur sustī men dete hai.

M.—Ek se chār drachm tak.

Tinctura Lupuli, यांने Tincture i Hops.

F.—Taskīn denewālī aur talkh muqawwī dawā hai.

M.—Nisf drachm se do drachm tak

Tinctura Mishme Teeta.

F.—Talkh muqawwī dawā hai.

M.—Ek se do drachm tak.

Tincture Mugrela का.

F.—Muharrik aur muarriq hai, auraton ko wāste ziyādah karne dudh ke dete hai.

M.—Nisf drachm se do drachm tak.

Tinctura Myrobolan, यांने Tincture har का.

F.—Bahut qawī qābiz hai.

M.—Bīs qatre se ek drachm tak.

Tinctura Myrrhæ, or Tincture of Myrrh.

U.—Internally, Tonic and Deobstruent. Externally it is employed as a wash to Foul Ulcers, and when diluted with water, as a Lotion for spongy gums.

D.—Half a drachm to one drachm.

Tinctura Opii, or Tincture of Opium.

U.—A valuable Stimulant and Narcotic.

D.—Ten to forty drops.

Tinctura Rhei Composita, or Compound Tincture of Rhubarb.

U.—Purgative and Stomachic.

D.—Two drachms to one ounce and a half.

Tinctura Scillæ, or Tincture of Squills.

U.—Expectorant and Diuretic.

D.—Ten to thirty drops, two or three times a day.

Tinctura Sennæ Composita, or Compound Tincture of Senna.

U.—Stomachic and Purgative.

D.—Two drachms to one ounce.

Tinctura Serpentariæ, or Tincture of Serpentry.

U.—Tonic and Diaphoretic.

D.—One to four drachms.

Tinctura Toddalia.

U.—Stimulant, Tonic, Diaphoretic and Febrifuge.

D.—One to four drachms.

Tinctura Valerianæ, or Tincture of Valerian.

U.—Antispasmodic, generally given in an infusion of Valerian.

D.—One to four drachms.

Tinctura Valerianæ Composita, or Compound Tincture of Valerian.

U.—The same as the above.

D.—Half a drachm to one drachm

Tinctura Zingiberis, or Tincture of Ginger.

U.—Stimulant and Carminative, given in Gout, when it attacks the Stomach, and in flatulent Colic.

D.—One to two drachms.

Tinctura Myrrhæ, yañe Tincture i murr.

F.—Andar jism ke muqawwí aur Deobstruent, yañe mufattah hai, aur báhar jism par bashumúl pání ke ghalíz zaḡhmon ke dhone meñ bhí kám átá hai, wáste Spongy gums yañe phúle hue aur narm masure ke bataur Lotion mustamal hotá hai.

M.—Nisf drachm se ek drachm tak.

Tinctura Opii, yañe Tincture afyún ká.

F.—Umdah muharrik aur muskir dawá hai.

M.—Das se chálís qatre tak.

Tinctura Rhei Composita, yañe murakkab Tincture i rewand chñf.

F.—Mushil aur mufíd medeh hai.

M.—Do drachm se ek ounce tak.

Tinctura Scillæ, yañe Tincture i Squill.

F.—Dáfai balgham aur mudir hai.

M.—Das se tís qatre tak, do yá tín martabah ek din meñ.

Tinctura Sennæ Composita, yañe murakkab Tincturei Senna.

F.—Mufíd medeh aur mushil hai.

M.—Do drachm se ek ounce tak.

Tinctura Serpentariæ, yañe Tincturei Serpentry.

F.—Muqawwí aur muarriq hai.

M.—Ek drachm se chár drachm tak.

Tinctura Toddalia.

F.—Muharrik, aur muqawwí, aur muarriq aur dáfai buḡhár.

M.—Ek drachm se chár drachm tak.

Tinctura Valerianæ, yañe Tincture Bellilotan ká.

F.—Antispasmodic, yañe dáfai tashannuj hai, aksar ḡhisándah Bellilotan meñ dete haiñ.

M.—Ek se chár drachm tak.

Tinctura Valerianæ Composita, yañe murakkab Tincture Bellilotan ká.

F.—Tásir isكى misl tásir dawái muzkúrai bálá hai.

M.—Nisf drachm se ek drachm tak.

Tinctura Zingiberis, yañe Tincture sonḡh ká.

F.—Muharrik aur dáfai báí hai, baḡrzahi niḡras, jab ki yih ḡrzai medeh par ḡhálíb hotá hai aur baḡrzahi dard kúling báí ke dete haiñ.

M.—Ek drachm se do drachm tak.

Vinum Aloes, or Wine of Aloes.

Use.—Aperient in doses of one to two ounces, and Stomachic from one to two drachms.

Vinum Colchici, or Wine of Colchicum.

U.—Narcotic and Diuretic, given in cases of Gout and Rheumatism.

Dose.—Thirty drops to one drachm.

Vinum Ipecacuanhæ, or Wine of Ipecacuanha.

U.—Diaphoretic and Emetic, chiefly given to children; half a drachm being given every ten or fifteen minutes till it operates.

Vinum Opii, or Wine of Opium.

U.—Narcotic.

D.—Ten drops to one drachm.

Vinum Viratri, or Wine of White Hellebore.

U.—Emetic and Cathartic, given in Gout and Rheumatism.

D.—Five to ten minims.

Unguentum Antimonii Potassio Tartratis, or Ointment of Potassio Tartrate of Antimony, or Tartar Emetic Ointment.

U.—Counter-irritant, employed in Chronic swellings of the joints, particularly after Rheumatism, and in many states of internal organs. A little of this ointment should be well rubbed into the skin over the part affected two or three times a day.

Unguentum Cantharides, or Ointment of Spanish Fly.

U.—The same as the Ceratum Cantharides; if the Tcini Fly is used, substitute double the quantity of it than the Spanish Fly.

Unguentum Cetacei, or Ointment of Spermaceti.

U.—A cool simple dressing.

Chakoon Ointment.

U.—Stimulant, a good application to Ringworm.

Chaulmoogra Ointment.

U.—Stimulant, employed in several cutaneous diseases, especially

Vinum Aloes, यांशु शराब सिरु की.

Faidah.—Mulayyan hai bamiqdār do ounce, ke aur mufīd medeh ek se do drachm tak.

Vinum Colchici, यांशु शराब Colchicum की.

F.—Muskir aur mudir hai, baārzah niqras aur gaṭhiyā ke dete hai.

Miqdār.—Tīs qatre se ek drachm tak.

Vinum Ipecacuanhæ, यांशु शराब Ipecacuanha की.

F.—Muharriq aur muqai hai, aksar larḥon ko dete hai; nisf drachm har das das pandrah pandrah minute ke bad jab tak ki tāsīr uskī howe.

Vinum Opii, यांशु शराब afyūn की.

F.—Muskir hai.

M.—Das qatre se ek drachm tak.

Vinum Veratri, यांशु शराब kutī sufed की.

F.—Muqai aur mushil hai, baārzah niqras aur gaṭhiyā ke dete hai.

M.—Pāñch se das minim tak.

Unguentum Antimonii Potassio Tartratis, यांशु मरहम Potassio Tartrate Antimony kī, jisko ki Tartrate Emetic Ointment kahte hai.

Faidah.—Dāfai sozish hai, jo azā arse se phūl gae hon unpar lagāte hai, kḥasūs bad gaṭhiyā, aur aksar azāi andarūnī par istāmāl karte hai, is marham men se qadre marham us muqām par jahān taklīf ho post par malā jāwe, do yā tīn martabah ek din men.

Unguentum Cantharides, यांशु मरहम makkhī Spain kā.

F.—Tāsīr iskī misl Ceratum Cantharides ke hai, agar is men Telnī makkhī dālī jāwe, to marham makkhī Spain kī nisbat yih marham muzaāf istāmāl kiya jāwe.

Unguentum Cetacei, यांशु मरहम machh kī charbī kā.

F.—Marham patṭī karne men yih marham ṭhandak kartā hai.

Marham Chakoon kā.

F.—Muharriq hai, yih marham dād par lagāne ko mufīd hai.

Marham Chaulmoogra kā.

F.—Muharriq hai, aksar amrāz jildī men kām atā hai, kḥasūs ganj aur Tinea, यांशु maraz bad khorec men lagāte hai.

Compound Cinnabar Ointment.

U.—Stimulant, in Ringworm.

Unguentum Creasote, or Ointment of Creasote.

U.—Stimulant, employed in mild cases of Ringworm, and similar cutaneous diseases.

Daod-murden Ointment.

U.—Stimulant, in Ringworm.

Unguentum Elemi, or Ointment of Elemi.

U.—Stimulant and Digestive, used to keep open Setons and Issues.

Unguentum Gallæ Compositum, or Compound Ointment of Galls.

U.—Astringent, applied in Hæmorrhoids.

Ointment of Gandah Biroza.

U.—Detergent, a good substitute for the Elemi Ointment, applied to boils.

Unguentum Hydrargyri Ammonio Chloridi, or Ointment of Ammonio Chloride of Mercury.

U.—Stimulant and Detergent.

Unguentum Hydrargyri Biniodidi, or Ointment of Biniodide of Mercury.

U.—Stronger than the above, but used in similar cases.

Unguentum Hydrargyri Iodidi, or Ointment of Iodide of Mercury.

U.—Stimulant and Alterative, employed in dressing Scrophulous sores.

Unguentum Iodini Compositum, or Compound Ointment of Iodine.

U.—Stimulant and Alterative, applied to indolent Tumours and Bronchocele.

Unguentum Hydrargyri Fortius, or Strong Ointment of Mercury.

U.—A speedy method of producing salivation in cases of Syphilis and Chronic Hepatitis. Half a drachm to one drachm rubbed well into the inside of the thighs, three times a day.

Unguentum Hydrargyri Mitius, or Milder Ointment of Mercury.

U.—The same as the above, but its action is not so rapid.

Murakkab Marham Cinnabar ká.

F.—Muharrig hai, dád par lagáte hain.

Unquentum Creasote, yane marham Creasote ká.

F.—Muharrik hai, baḥrzah ḵhafīf dād ke aur digar awāriz jildī ke kām átā hai.

Marham Daod-murden ká.

F.—Muharrik hai, baamráz dád ke lagátc hain.

Unguentum Elemi, yane marham Elemi ká.

F.—Muharrik aur muhallil hai, aur wáste khulá rakhne náth aur gul देने के काम áta hai.

Unguentum Gallæ Compositum, yane murakkab marham mājúphal ká.

F.—Qábiz hai, baárzah Hæmorrhoids, yane bawásir ke lagáte hain.

Marham Gandah Biroze ká.

F.—Kḥárij kunandai aláish hai, bajái marham Elemi ke bahut umdah awaz tajwíz huá hai, dambal par lagáte hain.

Unguentum Hydrargyri Ammonio Chloridi, yane marham Ammonio Chloride páre ká.

F.—Muharrik aur saf kunandai alais hai.

Unguentum Hydrargyri Biniodidi, yane marham Biniodidi päre ká.

F.—Marham mazkúrai bálá se yih marham bahut qawí hai, unbín amráz men kám átá hai.

Unguentum Hydrargyri Iodidi, yane marham Iodide páre ká.

F.—Muharriq hai, aur badan ko sudhārtā hai, kanthmālā ke zakhm par is dawā se marham pattī karte hai.

Unguentum Iodini Compositum, җане murakkab marham Iodine кá.

F.—Muharrik aur sudhárne wálá jism ká hai, puráne gháo aur maraz Bronchocele men kám áta hai.

Unquentum Hydrargyri Fortius, yane tez marham páre ká.

F.—Waste jald múngh láne ke baǎrzah Syphilis, yane átshak aur puráne warm jigar, yih marham bahut sariul asar hai. Nisf drachm se ek drachm tak, zánú ke andar ek din men tín marta-bah bakhúbí malá jáwe.

Unquentum Hydrargyri Mitius, yane páre ká kam tez marham.

F.—Tásír iski misl Tásír marham mazkúrahi bálá hai, magari

Unguentum Hydrargyri Nitratis, or Ointment of Nitrate of Mercury, or Citron Ointment.

U.—Stimulant and Detergent, employed in various cutaneous diseases, and in chronic diseases of the eye-lids.

Unguentum Hydrargyri Nitrico Oxydi, or Ointment of Nitric Oxyde of Mercury.

U.—The same as the above.

Compound Myrobolan Ointment.

U.—Applied to excoriated surfaces.

Unguentum Picis Liquidæ, or Ointment of Liquid Pitch or Tar.

U.—Stimulant, employed in Tetters and Scaldhead.

Unguentum Picis Nigræ, or Ointment of Black Pitch.

U.—Digestive and Stimulant.

Unguentum Plumbi Compositum, or Compound Ointment of Lead.

U.—Detergent, applied to indolent tumours.

Unguentum Plumbi Iodidi, or Ointment of Iodide of Lead.

U.—Detergent and Alterative. Employed in Glandular and Chronic enlargement of the joints, and Scrophulous ulcerations.

Ointment of Sal Ammoniac and Borax.

U.—Applied in Ringworm.

Unguentum Sambuci, or Ointment of Elder.

U.—A pleasant smelling simple dressing.

Unguentum Sulphuris, or Ointment of Sulphur.

U.—Stimulant, Common Itch Ointment.

Unguentum Sulphuris Compositum, or Compound Ointment of Sulphur.

U.—The same as the above, but very much stronger.

Unguentum Veratri, or Ointment of White Hellebore.

U.—Stimulant, employed in Scabies.

Ointment of Verdigris.

U.—A good Stimulant and mild Escharotic in Chronic Ulcerations.

Ointment of Verdigris and Pitch.

U.—A very good corn Plaister.

Unguentum Zinci, or Ointment of Zinc.

Unguentum Hydrargyri Nitratis, yane marham Nitrate páre ká, ki jisko marham Citron blí kalite haiñ.

F.—Muharriq hai aur aláish sáf kartá hai, aksar amráz jildí men aur puráne amráz palkon men kám átá hai.

Unguentum Hydrargyri Nitrico Oxydi, yane marham Nitric Oxyde páre ká.

F.—Tásír isكى misl tásír marham mazkúrai bálá hai.

Marakkab marham Myroholan ká.

F.—Kharásh par lagáte haiñ.

Unguentum Picis Liquidæ, yane marham patlí rál ká.

F.—Muharriq hai, baárzah Tetters, yane dád aur ganj ke lagáte haiñ.

Unguentum Picis Nigræ, yane marham Pitch siyál ká.

F.—Muhallil aur muharrik hai.

Unguentum Plumbi Compositum, yane marakkab marham shíshe ká.

F.—Kharíj kunandai aláish hai, puráne gháo par lagáte haiñ.

Unguentum Plumbi Iodidi, yane marham Iodide shíshe ká.

F.—Musaffi aláish hai, aur sudhárnewálá; hálat jism ká puráne aur guṭhlidár sújan par azá ke lagáte haiñ, aur kanṭhmálá ke gháo par lagáyá játá hai.

Marham Sal Ammoniac aur solúga ká.

F.—Dád par lagáte haiñ.

Unguentum Sambuci, yane marham Elder ká.

F.—Khushtúdír sídai marham hai isse marham patlí karte haiñ.

Unguentum Sulphuris, yane marham gandak ká.

F.—Muharrik hai, aksar kharish par lagáte haiñ.

Unguentum Sulphuris Compositum, yane murakkab marham gandak ká.

F.—Tásír isكى misl tásír marham mazkúrai bálá hai, magar nisbat usكى ziyádah qawí hai.

Unguentum Veratri, yane marham sufed kutkí ká.

F.—Muharrik hai, kharish par lagáte haiñ.

Marham Zungar ká.

F.—Umdah marham muharrik hai, aur yih marham gosht ko puráne phore ke áhistah áhistah galátá hai.

Marham Zangar aur Pitch, yane Rál ká.

F.—Yih plaster ke áble par lagáne ko achchhá hai.

Unguentum Zinci, yane marham jast ká.

TABLE

*Showing in what proportion, Opium and certain preparations
of Antimony, Arsenic and Mercury, are contained
in some Compound Medicines.*

Confectio Opii, or Confection of Opium.

One grain of Opium in about thirty-six grains of Confection.

Hydrargyrum cum Creta, or Mercury with Chalk, in about three grains contains one grain of Mercury.

Linimentum Hydrargyri, or Mercurial Liniment, in about six drachms contains one drachm of Mercury.

Liquor Arsenicalis, or Arsenical Solution.

Two fluid drachms contain one grain of sublimed white Arsenic.

Liquor Hydrargyri Oxymuriatis, or Solution of Corrosive Sublimate.

Two fluid ounces contain one grain of Oxymuriate of Mercury.

Pilulæ Hydrargyri, or Mercurial Pills, or Blue Pills.

Three grains contain one grain of Mercury.

Pilulæ Hydrargyri Submuriatis Compositæ, or Compound Pills of Submuriate of Mercury, or Plummer's Pills.

Four grains contain one grain of Submuriate of Mercury.

Pilulæ Saponis cum Opio, or Soap Pills with Opium.

Five grains contain one of Opium.

Pulvis Cornu usti cum Opio, or Powder of Calcined Hartshorn with Opium.

Ten grains contain one of Opium.

Pulvis Cretæ Compositus cum Opio, or Compound Powder of Chalk with Opium.

Twenty grains contain one grain of Opium.

Pulvis Ipecacuanhæ Compositus, or Compound Powder of Ipecacuanha.

Ten grains contain one grain of Opium.

Pulvis Kino Compositus, or Compound Powder of Kino.

One scruple contains one grain of Opium.

Vinum Antimonii Tartarizati, or Wine of Tartarized Antimony.

Four fluid drachms contain one grain of Tartar Emetic.

Unguentum Hydrargyri Fortius, or Stronger Mercurial Ointment.

Two drachms contain one drachm of Mercury.

FAHRIST.

Muskir is bāt ke, ki kis qadar Afyūn aur baz murakkabāt Surmā aur Sunḡhiyā aur Pāre ke murakkab adwiyat meṇ ḡāle jāte haiṇ.

Confectio Opii, yaṇe Confection afyūn kā.

Ek grain afyūn kā chhattīs grain Confection meṇ partā hai.

Hydrargyrum cum Creta, yaṇe pārá mai khariyā taḡhmīnan tīn grain meṇ ek grain pārá ámez hotā hai.

Linimentum Hydrargyri, yaṇe marham pāre kā, iske chhaih drachm meṇ ek drachm pārá ámez hotā hai.

Liquor Arsenicalis, yaṇe Solution saṅkhiyā kā.

Is dawā ke do drachm saiyāl meṇ ek grain sublimed sufed saṅkhiyā ámez hotā hai.

Liquor Hydrargyri Oxymuriatis, yaṇe Solution Corrosive Sublimate kā.

Iske do saiyāl ounce meṇ ek grain Oxymuriate pāre kā ámez hotā hai.

Pilula Hydrargyri, yaṇe golī pāre kí jisko Blue Pill bhí kahte haiṇ.

Is dawā ke tīn grain meṇ ek grain pārá ámez hotā hai.

Pilula Hydrargyri Submuriatis Composita, yaṇe murakkab goliyāṇ Submuriate pāre kí, jisko Plummer's Pill bhí kahte haiṇ.

Is dawā ke chār grain meṇ ek grain Submuriate pāre kā ámez hotā hai.

Pilula Saponis cum Opio, yaṇe sābun kí goliyāṇ afyūn ámez.

Is dawā ke pāñch grain meṇ ek grain afyūn ámez hotā hai.

Pulvis Cornu usti cum Opio, yaṇe safúf Calcined Hartshorn aur afyūn kā.

Is dawā ke das grain meṇ ek grain afyūn ámez hotí hai.

Pulvis Creta Compositus cum Opio, yaṇe murakkab safúf khariyā aur afyūn kā.

Is dawā ke bīs grain meṇ ek grain afyūn ámez hotí hai.

Pulvis Ipecacuanhæ Compositus, yaṇe murakkab safúf Ipecacuanha kā.

Is dawā ke das grain meṇ ek grain afyūn ámez kí jáwe.

Pulvis Kino Compositus, yaṇe murakkab safúf Kino kā.

Is dawā ke ek scruple meṇ ek grain afyūn ámez hotí hai.

Vinum Antimonii Tartarizati, yaṇe Tartarized sharáb Antimony kí.

Chār drachm saiyāl meṇ ek grain Tartar Emetic ámez kiyā jáwe.

Unguentum Hydrargyri Fortius, yaṇe tez marham pāre kā.

Is marham ke do drachm meṇ ek drachm pārá ámez kiyā jáwe.

TABLE.

Table of Substitutes, useful in the event of any deficiency in the usual Medicines.

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| Cataplasma Conii, | Dhatuṛa Poultice. |
| Cataplasma Lini, | Nuteeya, or Neem-leaf Poultice. |
| Cataplasma Sinapis, | Get Kuchoo, or Lāl Chitra Poultice. |
| Ceratum Cantharides, | Cerate of Telini Flies. |
| Decoctum Cetrariæ, | Decoction of Gulancha. |
| Decoctum Hordei Compositum, | Decoction of Oryzæ or Ispaghool. |
| Decoctum Quercus, | Decoction of Rohun. |
| Emplastrum Cantharides, | Plaister of Telini Flies. |
| Extractum Cinchonæ, | Extract of Barberry Bark. |
| Extractum Gentianæ, | Extract of Chiretta, Justicia or Kreat, Gulancha or Palo. |
| Extractum Glycyrrhizæ, | Extract of Abri or Goonch. |
| Extractum Hæmatoxyli, | Extract Dyospyri or Gab, Japan Wood, Nemooka. |
| Extractum Jalapæ, | Extract Kaladanna. |
| Extractum Papaveris, | Extract Hemp. |
| Infusum Cuspariæ, | Compound Infusion of Sohunjuna. |
| Infusum Gentianæ, | Infusion of Bel, Chiretta, Gulancha, Kreat, Kurroo, Pata, Ununtamool. |
| Infusum Ipecacuanhæ, | Infusion of Banopsha, Crini, Kanoor. |
| Infusum Lini Compositum, | Infusion of Pedalium or Gokeroo. |
| Infusum Serpentariæ, | Infusion of Ayapana. |
| Pilulæ Gambogiæ Composita, | Pilula Kalladannæ. |
| Pulvis Ipecacuanhæ, | Compound Powder of Muddar. |
| Pulvis Quinine Sulphas, | Karanjwa Powder. |
| Syrupus Sarsaparillæ, | Syrup of Ununtamool or Chobchiree. |
| Tinctura Catechu, | Tincture of Myrobolan. |

FAHRIST.

*Zail meṇ mundarij haiṇ wah adwiya jo darsúrat kam hojáne maṃulí
dauḍoṇ ke bataur qawaz kám meṇ áti haiṇ.*

| | |
|-------------------------------------|---|
| Cataplasma Conii, | Poultice Dhatúre ká. |
| Cataplasma Lini, | Nuteeya yá Poultice Barg Ním. |
| Cataplasma Sinapis, | Get Kuchoo yá Lál Chitrá Poul- tice. |
| Ceratum Cantharides, | Cerate Teliní makkhí ká. |
| Decoctum Cetrariæ, | Joshándah Gulancha. |
| Decoctum Hordei Compositum, | Joshándah Orizæ yá Ispaghool. |
| Decoctum Quercus, | Joshándah Rohan. |
| Emplastrum Cantharides, | Plaster Teliní makkhí ká. |
| Extractum Cinchonæ, | Extract Post Barberry. |
| Extractum Gentianæ, | Extract Chiretta, yá Justicia, yá Kreat, yá Gulancha, yá Palo. |
| Extractum Glycyrrhizæ, | Extract Abri yá Goonch. |
| Extractum Hæmatoxyli, | Extract Dyospyri, yá Gab, yá Japan Wood, yá Nemooka. |
| Extractum Jalapæ, | Extract Kaladanna. |
| Extractum Papaveris, | Extract Hemp. |
| Infusum Cuspariæ, | Murakkab kḥisándah Sohunjuná ká. |
| Infusum Gentianæ, | Kḥisándah Bel, Chiretta, Gu- lancha, Kreat, Kurroo, Pata, Ununtamool. |
| Infusum Ipecacuanhæ, | Kḥisándah Banopsha, Crini, Kanoor. |
| Infusum Lini Compositum, | Kḥisándah Pedalium yá Gokeroo. |
| Infusum Serpentariæ, | Kḥisándah Ayapana. |
| Pilulæ Gambogiæ Composita, | Pilula Kaladannæ. |
| Pulvis Ipecacuanhæ, | Murakkab safúf i Madár. |
| Pulvis Quinine Sulphas, | Safúf Karanjwa. |
| Syrupus Sarsaparillæ, | Syrup Ununtamool, aur Syrup Chobchíní ká. |
| Tinctura Catechu, | Tincture Myrobolan ká. |

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|---------------------------------------|--|
| Tinctura Cinchonæ Composita, | Tincture of Barberry, Toddalia. |
| Tinctura Colchici, | Tincture of Hermodactyl or Soorinjan tulk. |
| Tinctura Cubebæ, | Compound Tincture of Gurjun. |
| Tinctura Gentianæ, | Compound Tincture of Chiretta. |
| Tinctura Jalapæ, | Tincture of Kalladanna. |
| Tinctura Lupuli, | Tincture of Mishme Teeta, Gulancha. |
| Tinctura Myrrhæ, | Tincture of Mugrela. |
| Tinctura Opii, | Tincture of Hemp. |
| Unguentum Elemi, | Ointment of Gunda Biroza. |
| Unguentum Hydrargyri Nitratia. | Ointment of Chakoor, Chalmoogra, Compound Cinnabar, Daod-murdun, Sal Ammoniac and Borax. |
| Ceratum Calaminæ, | Compound Ointment of Myrobolan. |
| Emplastrum Resinæ, | Plaster of Gum Kahrubah. |

Directions for making the Gum Kahrubah Plaster will be found in the next chapter.

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| Tinctura Cinchonæ Composita, | Tincture Barberry aur Toddalia. |
| Tinctura Colechici, | Tincture Hermodactyl yá Suran- jan talkh. |
| Tinctura Cubebæ, | Murakkab Tincture Gurjun ká. |
| Tinctura Gentianæ, | Murakkab Tincture Chiretta ká. |
| Tinctura Jalapæ, | Tincture Kalladanna ká. |
| Tinctura Lupuli, | Tincture Mishme Teeta aur Gu- lancha. |
| Tinctura Myrrhæ, | Tincture Mugrela. |
| Tinctura Opii, | Tincture Hemp ká. |
| Unguentum Elemi, | Marham Gunda Biroza ká. |
| Unguentum Hydrargyri Nitra- tis. | Marham Chakoor, Chalmoogra, murakkab Cinnabar, Daod murdun, Sal Ammoniac, aur Suhágá. |
| Ceratum Calaminæ, | Murakkab Marham Myrobolan ká. |
| Emplastrum Resinæ, | Plaster Gum Kahrubah. |

Tarkíb iski ákhir kitáb hazá men mundaṛaj hai.

PART III.
ON THE
PRACTICE OF PHYSIC.

BA'B SOYAM.

DAR BAYA'N ILA'J-UL-AMRA'Z.

PART III.
ON THE
PRACTICE OF PHYSIC.



AMÆNORRHŒA; IRREGULAR MENSTRUATION.

Symptoms.—If the irregularity proceeds from too great strength of the constitution, from increased fulness of the vessels, depending on a too large quantity of animal food, you will find a flushed countenance, heaviness, pains in the back and limbs, the pulse full, and generally remarkably slow, throbbing in the head, the breasts full, with a warm imagination.

Treatment.—You should bleed either from the arm, or apply leeches to the labia, pubes, or groins, and give saline purgatives, repeating them every second day, keeping the patient on low diet, and make her take strong exercise every day.

If the irregularity proceeds from too little blood, shewing a feeble and debilitated state of the constitution, as is so often the case in large towns, then you will find the *symptoms* are, a very weak pulse, appetite disordered, the countenance pale, a great loss of strength, palpitation of the heart, and slight hysteria.

Treatment.—This must be just contrary to the former. The strength must be supported with good nourishing food, tonics, change of air, gentle exercise daily, and if possible sea bathing.

Questions.

Describe the symptoms of Amænorrhœa arising from too great strength of the constitution, and the treatment to be adopted ?

Describe the symptoms of Amænorrhœa arising from debility, and the treatment to be adopted ?

AMBUSTIO; BURNS AND SCALDS.

Symptoms.—In extensive burns, there is great prostration of strength, and if the patient rallies, there will be delirium or coma. On some occasions, there is oppressive breathing, on others, violent

BA'B SOYAM.

DAR BAYAN ILA'J-UL-AMRA'Z,



AMÆNORRHŒA; YANE BEQÁIDAH HONÁ HAIZ KÁ.

Alámaten.—Agar yih árzah basabab qawí mizájí yá ziyádah pur hone ragon ke kháne kasrat gosht se wáqa howe, to tezí nabz, aur surkhí chehrah, aur bojhalpan, aur dard kamar, aur dhamak sir men, aur ubhár chhátíyon men sáth khiyálát bátíl ke uskí alámaten hotí hain.

Maqálah.—Yá to fasd háth kí lewen, yá jonken kináron par furj ke yá muqám muc zuhár par, yá chaddon men lagáwen, aur marízah ko mushil namkín दूसरे दिन dete rahan, aur kam ghizá par rakhen, aur usse bahut sakht riyázat karáwen.

Agar yih árzah basabab qillat khún ke láhaq howe, aur mizáj men nátawápi aur zauf páyá jáwe, jaisá ki aksar auqát bare bare shahron men musháhidah kiyá játá hai, to alámaten uskí yih hotí hain, ki nabz kamzor aur ishtihá betartíb aur kharáb, aur chehrah zard, aur niháyat ghat jáná táqat ká, aur dharakná dil ká, aur khafíf hysteria.

Maqálah.—Is súrat men lázim hai ki iláj bilkul baráks pahle iláj ke karen, aur bazariyah ghizá, aur adwiyah muqawwí, aur tabdílí hawá, aur qadre har rozah kí riyázat ke, aur agar ho sake to bazariyah samundar men naháne ke táqat marízah kí bahál rakhen.

Sawálat.

Alámaten beqáidah hone haiz kí jo basabab qawí mizájí ke láhaq huá hai bayán karo, aur kyá iláj karná cháhiye ?

Kyá alámaten hotí hain beqáidah hone haiz kí jo ki zauf mizájí ke sabab láhaq hotá hai, aur uská iláj kis taur par karná cháhiye ?

AMBUSTIO; YANE JALJÁNÁ AG AUR PÁNÍ SE.

Alámaten.—Agar ádmí bashiddat jal jáwe, to táqat niháyat záyal hojati hai, aur agar maríz ko kuchh táqat hotí hai, to usse behoshí aur hiziyan hotá hai, aur baz auqát dam diqqat se átá hai, aur baz

symptomatic fever. In the advanced stage, inflammation and ulceration of the alimentary canal ensues, and in some instances hydrocephalus. Many have hectic fever along with a profuse discharge.

Treatment.—At first you should cover the parts completely with cotton, together with gentle bandaging, so as to exclude the air effectually, and allow it to remain on until saturated with pus. In mild cases, this application may remain on for ten or fourteen days, when all irritation will have subsided, and the part be cured. In vesicated cases, the cotton may remain on for the same period, and treated in the same manner. There may be slight ulceration, requiring poultices or warm water dressing. In extensive burns, suppuration is inevitable. Five or six days, therefore, should only be allowed before you remove the cotton, perhaps sooner, especially in the hot weather, and then poultices for a few days, afterwards warm water dressing. Zinc or copper in solution are to be applied, as the surface is now an ulcer.

If the granulations become flabby, and shoot above the level of the skin, you must repress them by sulphate of copper, nitrate of silver, and dry lint and bandages. When suppuration ensues, the diet must be very nourishing to sustain the strength. Sloughs must be cut away, and great care taken to prevent unnatural adhesions, by appropriate bandages, such as one finger to another; the fore-arm to the arm; and the chin to the neck or even to the breast. When the part is charred, amputation is often indispensable, as soon as the powers of life have rallied.

Questions.

What constitutional symptoms arise in severe cases of burns and scalds ?

What treatment is to be followed in these cases ?

What are you particularly to guard against when the healing process commences ?

When a limb is completely charred, what will be probably obliged to be done with it ?

martabah sakht bukhār ārzī paidā ho jātā hai. Hālat shiddat marz men, aptaryon men sozish hotī hai, aur zaḥm par jāte hain, aur baz marizon ko marz hydrocephalus, yane istasqā dimāghī lāhaq hotā hai. Aur aksaron ko tap-i-diq hamrah ziyādatī ishāl ke paidā hotī hai.

Maāljah.—Ibtidā men tamām jale hue muqāmon par rūī rakhnī chāhiye, aur unpar halkī paṭṭiyān bāndhen, tāki bilkul hawā kā dakhāl na rahe, aur paṭṭiyān qāim rakhnī chāhiyen tā waqtīki pīb nā pare, jis sūrat men badan kam jalā ho, to yih paṭṭiyān das yā chaudah din tak bāndhī rahen, kyunki is ārse men tamām sozish rafa ho jāwegī, aur muqām sokhtah achchhā ho jāwegā. Darsūrat ho jāne āblon ke, rūī qāim rahe ārsah mazkūr tak, aur maāljah kā bhī waisāhī tarīq ho. Baz auqāt khafīf zaḥm ho jāte hain, unpar lagānā poultice kā, aur sāf karnā unko garm pānī se zarūr hai. Dar sūrat shiddat i sokhtgī ke, na honā pakāo kā ghair mumkināt se hai, isī sabab se dūr karnā rūī kā sirf pānch chhah din men aur garmī ke mausam men shāyad isse bhī kam ārsah men zarūr hogā us waqt istamāl poultice kā chand roz tak, aur baḍ uske sāf karnā zaḥm kā garm pānī se chāhiye, aur chūnki satah jism kā āp ek zaḥm hai, to lagānā zinc yā copper in solution kā zarūr hai.

Agar angūr narm par jāwen, aur satah jism se ūpar ubhar āwe, to dabānā uskā sulphate of copper aur nītrate of silver, aur paṭṭiyon khushk pārchahi lint se chāhiye. Jis waqt ki pakāo shurū ho, to bahāl rakhnā tāqat kā bazariāh bahut muqawwī ghizā ke lāzim hai. Chhichron ko kāṭṭ dālnā chāhiye, aur is bāb men bahut ahtiyāt karnī chāhiye, bazariāh munāsib paṭṭiyon ke, ki azāī ek dūsre se milkar ek jism na ho jāwen, maslan unglī unglī se, aur pahunchā bāzū se, aur thorī, gardan yā chhātī se. Jis sūrat men koī azāī jalkar bilkul sokhtah ho jāwe, to kāṭnā uskā aksar khwā naḥwā zarūr hogā, barwaqt tāqat pakarne bīmār ke.

Sawālāt.

Dar sūrat jalne ke khwā āg khwā pānī se āsār kyā hote hain ?

In sūraton men kyā ilāj ikhtiyār karnā chāhiye ?

Tum ko khāskar kis amar kī ziyādah ahtiyāt karnī chāhiye jab ki bīmārī achchhe hone par ātī hai ?

Jab koī azāī bilkul sokhtah ho jāwe, to ham ko nāchārī uske bab men kyā karnā paregā ?

APOPLEXIA; APOPLEXY.

Apoplexy is usually divided into two species, viz. the sanguineous and serous.

Symptoms.—If a person be sitting upright or walking about, he suddenly falls down and sometimes dies on the spot. If death does not instantly take place, you will generally find the pulse slow and full, the face livid, flushed and swollen. The lips are particularly livid, with froth proceeding from the mouth, and a blowing from the lips and nostrils. The pupils of the eyes are usually dilated, the eyes closed and insensible to light. Persons have recovered after remaining in this state for three days.

There are usually some premonitory symptoms before an attack of apoplexy. The person falls asleep in company and snores loudly, there is generally headache, a throbbing, and sense of tension and weight of the head, a dimness of sight, and double vision, giddiness and vertigo. Some have flashes of light like stars before the eyes, deafness, ringing in the ears, nightmare, epistaxis or bleeding at the nose. Others have slight twitches of the muscles, and occasional stammering with impaired memory, with more or less depression of spirits; at times there is paralysis. Sometimes the urine and fæces escape involuntarily, or there may be profuse sweating; these may be considered unfavourable symptoms.

The class of persons most liable to this disease are those who have a large thick head, short necks, circular breasts, and not very tall. Those who take little exercise, and little mental exertion; those who sleep too much, becoming plethoric; those indulging in too rich and abundant food. Anxiety of mind has a tendency to produce it, anger has sometimes destroyed life by apoplexy. Ischuria renalis has also produced it. Inflammation and suppuration of the brain sometimes produces it. A depressed piece of bone on the brain will produce it.

APOPLEXY; YANE SAKTAH.

Saktah ko aksar itbā ne do qismon men taqsim kiyā hai, sanguineous, yane damwī, aur serous, yane bādī pesh.

Ālāmaten.—Agar ādmī baiṭhā ho yā chaltā ho, yekāyek gir partā hai, aur baẓ auqāt usī jagah mar jātā hai. Agar usī waqt mariz talaf nahīn hotā, to nabz men zauf aur imtalā pāyā jātā hai, aur chehrah men nīlāpan aur surkhī aur tahbuj ho jātā hai. Honṭ khāskar nīle hote hain, aur mūṅh se kaf āte hain, aur sāns mūṅh aur nathnon donon taraf se ātā hai. Putlī āṅkh kī aksar farākh, aur āṅkhen band ho jātī hain, aur unseroshnī nahīn dikhlāī detī. Ādmī achchhe ho gae hain bad rahne ke is hāl men tīn din tak.

Az lāhaq hone saktah ke chand ālāmaten numāyān hotī hain. Wuh shakhs jise yih marz honewālā hotā hai, ādmion men baiṭhe baiṭhe so jātā hai, aur kharrāte zor se lene lagtā hai, aur aksar sir men dard aur dhamak hotī hai, aur aisā maḷum hotā hai ki sir tanā huā, aur bojhil hai, aur āṅkh se dhundlā dikhlāī dene lagtā hai, aur ek shai do nazar ātī hain, aur daurān sir hotā hai. Bāze ādmion ko chamak roshnī kī mānind sitāron kī āṅkh ke āge maḷum detī hai, aur ūṇchā sunnā, aur kānon men sansanī aur kābūs hotā hai, aur naksīr phūṭtī hai, aur bāze ādmion ko gūnah aṅṭhan paṭṭhon men maḷum hotī hai, aur kabhī kabhī zubān men luknat hotī hai, aur hāfzah kharāb ho jātā hai, aur dil par kam o besli udāsī chhā jātī hai, aur baẓ auqāt fālij ho jātā hai.

Us qism ke log is bīmārī men ziyādahtar mubtilā hote hain, jinkā sir barā, aur gardan kotāh, aur sīna gol aur qad miyānah hotā hai, aur jo riyāzat aur fikar aur soch kam karte hain, aur jo bahut sote hain, jiske sabab se ratābat paidā ho jātī hai, aur wuh shakhs jo ki bahut tohfah aur ifrāt se khānā khāte hain, aur tashwīsh khātir bhī is marz ke paidā karne men mumid hai, aur baẓ auqāt basabab ghaiz aur ghusse ke yih marz lāhaq huā hai, aur jān talaf ho gāī hai, basabab insidād peshāb ke bhī jo khalal gurdah se wāqā ho, yih marz paidā huā hai, baẓ waqt peshāb aur pākḥānah khud bakhud nikaltā hai, aur ziyādatī pasīnah kī bhī ho saktī hai, aur yih āsār bahut nāmubarak hain. Aur warm aur pak jānā dimāgh kā bhī yih ārzah paidā kartā hai. Agar koī haḍḍī dimāgh kī baiṭh jāwe to usse bhī yih marz ho jātā hai.

Apoplexy is liable to be confounded with syncope or fainting and with natural sleep. In syncope, respiration is suspended, the pulse is not to be felt at the wrist, the features shrink, and the surface of the body turns pale and cold. In apoplexy, the reverse of all this takes place. It is less easy to discriminate between apoplexy and natural sleep; the distinction can only be made, indeed, by our being able to rouse the person from sleep, however profound, by a certain degree of irritation. This cannot be done, or but very imperfectly, in apoplexy.

Treatment.—If apoplexy arises from a depressed piece of bone, it must of course be elevated. If it arises from any thing taken into the stomach, an emetic or the stomach pump must be employed. But if it arises from ordinary causes, the first thing is to raise the person's head and shoulders, to loosen every thing about the neck, and to open a vein in the arm or the jugular vein. The next thing should be to give a drop or two of croton oil or a scruple of calomel. A strong purgative injection should next be given. Ice should be applied to the head, mustard poultices applied to the feet and legs, and the patient be kept on very low diet. Calomel should be continued till the mouth is tender, afterwards a blister behind the ears, or over the whole of the head, may be applied. In apoplexy arising from ischuria renalis, you may give a grain or two of powdered cantharides night and morning, made up into a pill, as it is almost sure to make the bladder act. A person labouring under serous apoplexy, has a pale and collapsed face, arising from a state of exhaustion of the brain.

In this form of the disease, it is difficult to say how far there is irritation, and how far there is inflammation. It is best to evacuate as much as you can. Apply blisters rather than leeches, leeches rather than cupping, and cupping rather than bleeding from the arm, and at the same time give your patient moderate diet and ammonia.

Questions.

Into how many species is apoplexy usually divided, and what are they called ?

Saktah ko aksar ghalt fahmí se syncope, yañe ghashí aur soná tasawwar karte hain. Syncope, yañe ghashí men tanaffus mauqúf ho játá hai, aur harkat nabz kaláí ke pás nahín rahtí, aur chehrah sut játá hai, aur satah jism zard aur thandhá par játá hai, aur saktah men bilaks tamám in báton ke wáqa hotá hai; aur saktah aur khwáb men yih farq hai ki sote ádmí ko ham kisé taklíf se jagá sakte hain, go ki nínd kitní hí ghálib ho, aur saktahwále kí nisbat yih nahín ho saktá, aur agar ho saktá hai to bahut khafíf darjah men.

Maqálah.—Agar saktah basabab dabbjáne kisé haddí ke wáqa howe, to us haddí ko únchá karná aur apní jagah par láná lázim hai, aur agar kisé aisé chíz se wáqa ho jo ki medeh men hai, to istamál adwiyah qaiáwar aur stomach pump ká karná cháhiye. Aur agar aur saba-bon mazkúrah bála se wáqa howe, to awwal maríz ke sir aur kandhon ko únchá karná cháhiye, aur jo chíz gale men ho usko dhílá karen, aur háth kí fasd len, yá rug jugular vein, yañe habal-ul-warid kholen. Bad iske ek yá do qatrah croton oil, yañe jamálgoṭah ke tel ke, yá ek scruple calomel den, aur bad izán huqnah tez adwiyah dastáwar ká kiyá jáwe, aur barf sir par bándhen, aur poultice ráí ká pánw aur tángon men lagáwen, aur maríz ko bahut kam ghizá den. Istamál calomel ká járí rahe jab tak ki múngh na ájáwe, iske bad lagáne blister ká píchhe kánon ke yá tamám sir par iḡhtiyár hai. Jis súrat men kí marz saktah basabab insdád pesháb ke jo khalal gurdah se paidá huá ho láhaq howe, to ek yá do grain písi hui teliní makkhí kí subah o shám golí banákar dí jáwen, kyunki yaqín partá hai ki yih dawá masánah ko harkat degí. Agar kisé shaḡhs ko saktah basabab ratúbat ke howe, to uská chehrah zard aur naqíh hotá hai, aur uská báis yih hai kí dimágh khálí hotá hai.

Is súrat kí bímárí men is bát ká jánná mushkil hai, kí kis qadar sozish aur warm dimágh men hai, bihtar yih hai kí jahán tak ho sake tanqiyah karen, aur blister ko jokon se aur jokon ko síngiyon se aur síngiyon ko fasd bázu se muqaddam jánen, aur is ársah men maríz ko ghizá kam aur ammonia dewen.

Sawálat.

Kai qism men saktah ko aksar itbá ne taqسیم kiyá hai aur har-ek qism ká kyá kyá nám hai ?

What are the usual symptoms of apoplexy ?

What are the usual premonitory symptoms of an attack of apoplexy ?

What class of individuals are most liable to this disease ?

What may be considered unfavourable signs in apoplexy ?

How is apoplexy to be distinguished from syncope or natural sleep ?

What treatment should be adopted ?

In apoplexy arising from ischuria renalis, what would you give ?

What appearance has a person labouring under serous apoplexy ?

What treatment would you adopt in serous apoplexy ?

APHTHÆ OR THRUSH.

Symptoms.—This disease consists in the formation of vesicles within the mouth and lips, and all the way along the cheeks, tongue and “Velum pendulum palati,” the tonsils and pharynx.

It is most common in infants, but it is frequently seen in adults, at the end of chronic diseases, and at the end of phthisis pulmonalis. The mouth is usually hot, and the child fretful and uneasy. The appearance of the ulcer is that of a small white spot or speck, occurring singly or in clusters, on some parts of the mucous membrane of the mouth or throat. When single or few, aphthæ are usually found on the inside of the lower lip, on the gums, or on the tongue. When numerous or confluent, the inside of the cheeks are quite covered with them, or they extend backwards to the fauces. It is generally from three to four days from the bursting of the vesicle to the formation of the crust, and its cicatrization. The crusts, on being swallowed, become a source of irritation to the stomach and bowels, and it is thought that the disease itself may be thus propagated to these parts.

So long as the spots retain the appearance of a circular shape and white colour, shewing no disposition to spread rapidly, and the child's strength does not give way, no apprehension need be entertained; but when they show a disposition to alter their appearance, assuming any character indicative of their taking on an unhealthy action, and when they spread along the pharynx, much danger is to be apprehended.

Saktah kí mamúlí alámaten kyá hotí hain ?

Mamúlí alámaten qab laz láhaq hone saktah ke kyá hotí hain ?

Kis qism ke logon ko yih árzah ziyádahtar lábaq hotá hai ?

Kaunsí alámaten marz saktah men námubárah hotí hain ?

Saktah aur ghashí aur khwáb men kyunkar tamíz kar sakte hain ?

Kyá iláj karná cháhiye ?

Agar insdád pesháb khalal gurdah se paidá ho, aur uske sabab se saktah ho jáwe, to kyá iláj karná cháhiye ?

Agar kisi ko saktah ratúbat se howe, to uskí kyá shakl hotí hai ?

Saktah jo ratúbat se howe uská kyá iláj karná cháhiye ?

APHTHÆ OR THRUSH, YANE CHHÁLE MUNH KE.

Alámaten.—Is marz men múnh aur honṭon aur kallon aur zubán aur hajábulhanak men chhále par játe hain, balki jild men tálú ke, aur lauztín aur halq men ho játe hain.

Yih marz aksar bachchon ko lábaq hotá hai, lekin bárhá jawánon ko bhí ákhír kohnah bímáriyon ke aur ákhír bímári-i-sil men hotá hai, múnh aksar jaltá rahtá hai, aur bachchá chirchirá aur bechain rahtá hai, aur shakl zakhm kí máníud sufed dágḥ ke hotí hai, khwá dágḥ munfarid khwá mujtime úpar muqámon ratúbat paidá karnewále múnh aur halq ke hon. Dar súrat munfarid hone dágḥon ke chand chhále andar kí taraf píchhe tale ke honṭ ke aur masúron men yá zubán par paidá hote hain, aur dar súrat mujtima hone ke kalle unse bilkul dḥak játe hain, yá yih áblah halq kí taraf phailte hain. Aksar tín chár din ke ársah men bad paidá hone ke chhále khushk hokar chhilke hojáte hain, agar yih chhilke peṭ men utar jáwen, to medeh aur antariyon men bájs kharásh aur ázár ke hote hain, aur yih kḥiyál kiyá gayá hai ki yih bímári khud in muqámon men in chhilkon ke sabab phailti hai.

Jab tak ki yih dágḥ mudawwir aur sufed rahte hain, aur jald taraqqí karte hue nahín maḥúm dete, aur bachche kí táqat bhí nahín ghaṭti, to aisí súrat men jagah andeshah kí nahín hai, lekin jis hál men unkí hyat men tabaddul páyá játá hai, is tarah par ki sihat men khalal andáz ho, yá yih kí chhále halq kí taraf phail jáwen, to is súrat men albatṭah jagah andeshah kí hai.

Treatment.—When aphthæ are merely a local affection, they may often be quickly removed by local means alone, paying attention to the state of the health, particularly the condition of the bowels. A mild laxative will often remove the disease at once. When diarrhœa occurs, great attention must be paid to the state of the bowels, and support the strength when it begins to fail, particularly when the aphthæ assume an unhealthy aspect. Regulating the diet, or changing the nurse, attention to cleanliness, the occasional use of the warm bath, change of air, are essential in protracted cases, or when the aphthæ are prone to recur.

The local application of a solution of borax in the first instance and that of alum subsequently is the usual treatment. When the aphthæ are few or very irritable, touching them lightly with the nitrate of silver will best dispose them to heal, and lessen their sensibility; in more protracted cases, great benefit is sometimes derived from a linctus of sulphate of copper.

In adults, gargles composed of the chlorides of soda or lime, diluted with six or eight times their weight of water, frequently change the appearance of the mouth almost immediately.

Questions.

Describe the disease aphthæ ?

What are the usual symptoms of aphthæ ?

What class of patients usually labour under this disease ?

How long does the process take for its completion ?

What effect has it on the child, when it swallows these crusts ?

What constitutional treatment is to be followed in this disease ?

What local treatment should you adopt ?

What treatment should follow when adults suffer from this disease ?

ASTHMA.

Symptoms.—In this disease, there is a spasmodic affection of the organs of respiration, situated lower down than the larynx. It is preceded by languor, flatulency, headache, and a sense of fulness and straitness about the lower part of the chest. During the invasion of the spasmodic form, which generally occurs during the first

Ma'âljah.—Jab ki chhāle sirf munh hī men hon, to wuh dawā lagāne se jaldī rafa ho sakte hain, magar khiyāl taraf hāl sihat aur antariyon ke chāhiye, jab ishāl wāqā hō to nihāyat lihāz antariyon kā chāhiye, aur jab ki tāqat marīz kī ghatnē lage, to uskā sanbhālnā zarūr hai, khasūsan jis sūrat men chhāle aisā zor pakar jāwen kī sihat men khalal āe, durust karnā ghizā kā, aur badalnā annā kā, aur khiyāl rakhnā taraf safāī ke, aur nahānā garm pānī se, aur tabaddul hawā par zarūr hai, jab kī bīmārī muddat kī ho jāwe, vā chhāle achchhe hokar āud kar āwen.

Lagānā ghule hue suhāgah kā ibtidā men, aur phitkiri kā badhu namūlī ilāj hai. Jab ki chhāle kam hon, yā bahut dard dete hon, to chhērnā nitrate of silver kā unko achchhā karne par le āwegā, aur lard men takhīf kar degā. Agar bīmārī muddat kī ho gāī ho, to linctus nīle thothe kā nihāyat fāidah bakhshegā.

Jawān ādmiyon ko ghargharah banāyā huā chlorides soda, yāne ujji kā, yā lime, yāne chūnah kā, jismen chhah yā āth miqdār hawā se pānī ziyādah howe, aksar hyat munh kī fauran badal detā hai.

Sawālat.

Bīmārī apthæ, yāne mūnh ke chhālon kā hāl bayān karo ?

Mamūlī ālamaten chhālon kī kyā hain ?

Kinko yih bīmārī aksar lāhaq hotī hai ?

Kitne ārsah men chhāle hokar khushkī par āte hain ?

Jab kī bachchā chhilkon ko nigal jātā hai to kyā asar paidā hotā hai ?

Kyā aslī ilāj karnā chāhiye is bīmārī men ?

Kyā mūnh men lagānā chāhiye ?

Kyā ilāj karnā chāhiye jab kī jawān is marz men mubtilā hon ?

ASTHMA, YĀNE DAMĀ.

Ālamaten.—Is bīmārī men un puṭṭhon men jo kī nīche hanjra ke hain, aur jinke sabab se dam ātā hai tashannuj hotā hai, qabl az wāqā hone daure is marz ke sustī aur nafkḥ aur dard sir hotā hai, aur nīche kī taraf chhātī ke bōjh aur rukāwat aksar auqāt barwaqt sone ke malūm detī hai, bīmār yakāyak sote sote jāg uṭhtā

sleep; the patient suddenly awakes as if from suffocation, and eagerly assumes the erect posture, sometimes vomits, breathing and wheezing laborious and loud; countenance haggard and anxious; becomes bloated; eyes prominent and ejected; pulse hurried, small and feeble, irregular and sometimes intermittent; speaking, coughing and expectoration very difficult. Its humoral form is attended with a copious secretion of mucus from the commencement; the disease is unaccompanied with fever. You will distinguish asthma from hydrothorax thus: in the former, if you strike all over the chest, you will have a clear loud sound, which you have not in the latter, if the cavity be filled with water.

Treatment.—During the fit, if the patient is young, robust, and very plethoric, and the paroxysm be severe, bleeding may afford relief. Narcotics and antispasmodics have been found useful, more particularly in the pure nervous form. Smoking stramonium either by itself, or combined with tobacco alone, has proved very beneficial. Great relief is obtained when expectoration ensues. Very strong coffee has been found useful during the fit. After the fit is over, you should remove all symptoms of dyspepsia, by combining aperients and carminatives. Cold sponging the chest with vinegar and water twice a day, has sometimes afforded wonderful relief.

Questions.

How many forms of asthma are there, and what are they called?

What are the symptoms of asthma?

How do you distinguish asthma from hydrothorax?

What treatment would you adopt during a fit of asthma?

When the fit is over, what more would you do?

Is there any peculiarity attending the humoral form?

hai, is taur par ki goyá dam ruk gayá aur sídhá ho baiṭhtá hai, bāze waqt qai áti hai, aur dam khinchkar áwáz ke sáth aur diqqat se áta hai, chahrah badnumá aur pareshán aur bhamráyá huá ma-lúm hotá hai, ánkhen barí aur ubhrí húi hotí haiñ, aur nabz men ghabráhat aur bāríkí aur zauf aur nádurustí hotí hai, aur bāze waqt Intermittent, yāne nabz chaltí hai, aur bāze waqt nahín chaltí, aur bolná aur khánsná aur khañkár ke thúkná bahut dushwár hotá hai, agar yih marz ratúbát se wáqā howe to kaf baiṭrát shurú dau-rah se nikaltá hai, is bímárí ke daurah men bukhár nahín hotá.

Maáljah.—Is marz kí naubat men agar maríz jawán aur qawí aur bahut damwí mizáj howe, aur daurah bashiddat howe, to khún lene se bahut ifáqah hotá hai, adwiyát khuáb áwar aur dáfa tashan-nuj bahut mufíd hotí haiñ, khasúsan jabki yih marz putṭhon ke khalal se wáqā howe, píná dhatúrah ká tanhá yá basharáqat tam-bákú ke, yá sirf tambákú huqqah men aksar bahut fáidah baksh huá hai, aur kaf nikalne se bhí bahut fáidah hotá hai, tez baná huá qahwah darmiyán daurah is marz ke fáidahmand hai. Bad mauqúf hone daurah ke rafa karná tamám alámaton badhazmí ká bazariāh shamúl adwiyah muhallil aur dáfa riyāh ke cháhiye, tar karná chhátí ká bazariāh sponge ke āb i sard aur sirke se din men do dáfa badarjah kamál mufíd huá hai. Farq darmi-yán asthmá, (yāne damá), aur hydrothorax, yāne us marz ke jiske sabab chhátí men pání bhar játá hai is taur par kiyá játá hai, pahlí súrat men agar tamám chhátí ko thapken to ek sáf aur zor kí áwáz niklegí, aur dúsrí súrat men jabki chhátí men pání bhará huá hai, thapakne se yih bát nahín páí jáne kí.

Sawálat.

Kai qism ká damá hotá hai, aur uská judá judá nám kyá hai ?

Kyá alámaten damá kí hotí haiñ ?

Tum damá aur hydrothorax men kyúnkar farq kar sakte ho ?

Kyá khas bát hotí hai us damá men jo basabab ratúbát ke wáqā hotá hai ?

Darmiyán daurah damah ke kyá maáljah karná cháhiye ?

Jabki daurah khatam howe to uske bad kyá tadbíir karní cháhiye ?

BRONCHITIS; INFLAMMATION OF THE BRONCHIÆ.

This disease may either be acute or chronic.

Symptoms. Of the acute form.—This disease usually succeeds a common cold, commencing sometimes by inflammation of the tonsils and fauces, extending to the lining of the larynx, and thence downwards to the trachea and bronchi: at other times the inflammation begins in the bronchi, especially in those whose lungs are susceptible. At first there is a feeling of roughness in the windpipe, which occasions frequent attempts to clear the throat, and is much increased by talking. There is generally more or less hoarseness, with a tight feeling across the chest, often amounting to pain. Signs of fever are usually now felt, such as lassitude, cold shiverings, pain in the limbs and quick pulse, and expectoration of a thin fluid, having a saline taste. As this expectoration becomes thicker, and more abundant, the symptoms become more ameliorated. The tightness across the chest is diminished or removed, the pulse becomes less frequent, the skin perspires freely, the urine becomes copious, and deposits an abundant sediment. In favourable cases, the disease declines between the fourth and eighth day. In severe cases the symptoms are much more aggravated; the patient complains of headache, particularly over the eyes, sickness, and loss of appetite; the tongue is foul, and the urine scanty and high coloured. The dyspnoea is urgent, particularly at night, and the tightness and pain in the chest aggravated by cough. The pain in the chest is generally under the sternum, and is more obtuse than the pain of pleurisy; the pulse is hard and quick. The expectoration is scanty at first, and afterwards becomes copious; it is glairy, frothy, sometimes streaked with blood, and its evacuation affords but little relief to the cough or breathing. In some cases, a state of collapse very rapidly takes place; the pulse becomes very weak, frequent and often irregular, the countenance pallid and expressive of great anxiety, and often covered with a cold sweat; the strength is wasted by efforts to relieve the lungs of the accumulation of mucus, but the cough becomes less and less effectual to remove it,

BRONCHITIS; YANE WARM ARUQ KHISHNAH.

Yih marz do tarah ká hotá hai, yá to acute, yane shadíd, aur chronic, yane kohnah.

Alámateyn. Marz shadíd kí.—Yih árzah aksar auqát baḍ zukám ke láhaq hotá hai, aur ibtidá meṇ baḍ martabah lauzateṇ aur halaq meṇ warm ákar hinjrah meṇ phail játá hai, aur yahán se taraf qasbatahulriyáh aur aruq khishnah ke rujú kartá hai, baḍ auqát warm khishnah hí meṇ shurú hotá hai, khasúsan un logon ke jinke pheprah meṇ khalal hotá hai. Ibtidá meṇ halqúm meṇ náhamwári aur durustí maḷúm delí hai, jiske rafa karne ke wáste ádmí aksar khaṅkártá hai, aur yih náhamwári bâteṇ karne se balut ziyádah hotí hai. Aksar marizon ko kam o besh giraftgí áwáz aur tangí chhátí meṇ hotí hai, jiske sabab dard sá maḷúm detá hai. Is mauqa par ásar bukhár numáyán hote hain, maslan sustí aur phureriyán, aur dard ázá, aur tezí nabz, aurnikalná namkín raqíq kaf ká. Jis qadar yih kaf ghalíz hokar ifrát se nikaltá hai, usí qadar ásar is marz ke nek maḷúm dete hain. Tangí chhátí kí kam yá rafa hojátí hai, nabz meṇ pahlí sí tezí nahín rahtí, aur badan par pasíná baḅhú-dí, aur pesháb khulkar áta hai, aur pesháb meṇ bahut dard baiṭh játá hai. Jis súrat meṇ yih marz khafif hotá hai, to chauthe roz se áṭh-wen roz tak ghaṭ játá hai, aur dar súrat shadíd hone is árzah ke ásar marz bahut ziyádah hote hain; maríz ko dard sir kí shikáyat hotí hai, khasúsan áṅkhon ke úpar, aur dil matlátá hai, aur ishtahá játí rahtí hai, aur zubán ghalíz rahtí hai, aur pesháb thorá thorá aur surkh áta hai. Dam chaṛhtá hai, khasúsan rát ko, tangí aur dard chhátí ká khánsí ke sáth ziyádah hotá hai; aur yih dard aksar tale chhátí kí haddí ke hotá hai, aur us dard kí nisbat jo ghisháí-ul-riyah meṇ hotá hai kamtar hotá hai; nabz meṇ salábat aur sarat pái játí hai, aur ibtidá meṇ balgham kam aur baḍah ifrát se nikaltá hai, aur chapchapá aur kafdár hotá hai, aur baḍ auqát surkhí khún usmeṇ numáyán hotí hai, aur uske ikhráj se khánsí aur dam chaṛhne meṇ kuchh farq nahín partá. Baḍ marizon ko bahut jald naqáhat ho játí hai, aur nabz niháyat zaif aur beqáidah par játí hai, aur chah-rah par zardí aur niháyat áshuftgí záhir hotí hai, aur ṭhandá pasíná chahrah par aksarátá rahtá hai, aur chúnki maríz wáste rafa karne balgham ke jo kí pheprah meṇ jama hotá játá hai koshish se khápsatá

whilst the wheezing and audible rattle in the bronchiæ increase. Lividity, delirium, and suffocation ensue from the circulation of black blood in the system, and the patient dies. In these severe cases, death often ensues in two days.

The disease may arise from the application of cold to the surface of the body, particularly when conjoined with moisture, as for instance, by wearing damp clothing, or exposure to a cold, moist, variable atmosphere, especially after the body has been heated by exercise, crowded rooms, &c.

Irritating gases and vapours may excite inflammation of the bronchial membrane; but this soon passes away. Some of the acute eruptive diseases occasionally cause a very severe form of bronchitis. An attack of gout in those predisposed to bronchial inflammation, has been known to cause it.

Bronchitis may be distinguished from pneumonia by the nature of the expectoration, which, although in severe cases it is often viscid, is less so than in pneumonia, and wants altogether that rusty tinge so characteristic of the latter disease: it is also distinguished by the clear sound on percussion of the chest and the absence of the "crepitant rhoncus" or broncophony. From pleuritis, the clear sound on percussion is sufficient to separate it.

The prognosis in acute bronchitis must depend on the extent of the disease; when slight, and without much dyspnœa or fever, it may terminate in from six days to three or four weeks, and its disposition to pass off is always indicated by the expectoration becoming opaque and thick, and gradually diminishing in quantity. This change is always observable in the mornings, the evening exacerbation restoring the thin glairy character to the sputa. A relapse is marked by the expectorated matter becoming again transparent and glairy, and this is always accompanied by an aggravation of the cough and other symptoms.

hai us men uskí táqat zail ho jati hai, aur khaansná waste dur karne balgham ke darjah badarjah kam muassar hota jata hai, aur rukna dam ka aur bolna ghungaro ka ziyadah hota jata hai, aur is hal men basabab daurah siyah khun ke rang nilgun ho jata hai, aur bahakna aur ghuftna gale ka paida hota hai, aur mariz aise hal tashaddud men aksar do din ke arsa men tamam ho jata hai.

Itsai barudat satah jism par khasusan us surat men ki barudat ke sath ratubat bhi ho, maslan pahanna nam kapron ka aur khula rahnasamne sard aur nam aur badalnewali hawa ke, khasusan us halat men ki mashaqqat aur riyazat ke sabab badan men garmi a gai ho, aur aise makan jis men bahut bhiri ho, aur aisi aisi aur chizen bais paida karne is bimari ki hoti hai.

Aisi hawaon aur bukharat se bhi jinse dhans uhti hai pardah aruq khishnah men waram ajata hai, magar jald rafa ho jata hai. Basabab baze bahar nikalnewale marzon ke galc gahc yih marz nihayat sakht tarah ka paida hota hai, aisa bhi hua hai ki baas lahaq hone got yane niqras ke aise shakhson ko jin men medeh waram aruq khishnah pahle se maujud tha yih marz ariz ho gaya hai.

Tamiz darmiyan is marz aur pneumonia, yane waram pheprah ke hyat balgham se ki jati hai, kyunki agarchah shiddat men is marz ke bhi balgham garha aur chaspai hota hai, magar us balgham se jo ki marz pneumonia men nikalta hai kam ghaliz hota hai, aur usmen zangari rang jo ki waram pheprah ka asal nishan hai nahin paya jata, shanakht is marz ki yih bhi hai ki agar chhati ko thapken to ek awaz saf paida hoti hai.

Agar yih marz shadid honewala hota hai to alamatien bhi uski ziyadah hoti hain; jabki yih marz khafif hota hai, aur uske sath dam ka charhna aur bukhari shiddat se nahin hota to chhate roz se tin ya char haftah ke arsa men jata rahta hai, aur muqarrari asar uske zail hone ke yih hain ki balgham shafaf aur raiq nahin rahta, aur batadrij kam hota jata hai. Yih tabdil subah ke waqt mushahidah kiya jata hai, kyunki asar bukhari jo sham ko ziyadah hote hain, balgham men phir riqqat aur shafafi paida karte hain. Aur karne is marz ki shanakht yih hai ki balgham phir shafaf hota hai, aur uske sath hamesha khansi aur alamatien is marz ki ziyadah ho jati hain.

In severe cases where the dyspnoea is great and unremitting, and particularly where the fever was high in the beginning, and if the acute symptoms have yielded to the state of collapse, accompanied with extreme anxiety of the pallid countenance, and a slight appearance of lividity, announcing asphyxia with little or no respiratory murmur heard on the application of the ear or stethoscope to the chest, there is direct evidence of impending dissolution.

Treatment of Acute Bronchitis.—In slight cases, the patient should take a powder containing five grains of calomel, and five grains of James' or ipecacuanha powder at bed time, followed up in the morning with a brisk purge of salts and senna. Perspiration should be induced by placing the feet in hot water, and then getting into a warm bed, and well covered up. If perspiration comes on, and the purgative operates well, the disease is generally cured at once, and it is only necessary to remain at home, and to abstain from animal food and wine the next day to prevent a return. If however perspiration does not come on, the disease generally proceeds; he may then take the following mixture, which will facilitate expectoration, and relieve the cough: Ten minims of the tincture of squills, thirty minims of ipecacuanha wine, and eight minims of liquor potassæ, given three or four times a day in a little rice water. Should nausea be produced, the dose may be diminished, and if the cough is still troublesome at night, he may take ten grains of the extract or thirty drops of the tincture of henbane in any bland fluid. If however the case should be obstinate, the chest may be rubbed with an ointment composed of one part of tartar emetic, and two parts of simple ointment; this will bring out a copious crop of pustules, and will probably cause the cough to become loose, and the expectoration easy. Towards the termination of the disease, when all the febrile symptoms are gone, animal food and wine may be indulged in with impunity and even with advantage.

In severe cases, however, the treatment should be more energetic. From sixteen to twenty ounces of blood must be taken from the arm, and be repeated in a few hours if the pulse is not subdued. Should the pulse be weak, or if the patient is advanced in life, local bleeding by leeches or cupping over the chest must be substi-

Hálati tashaddud men jabki dam baghair waqfah ke khinchkar áta hai, khasúsan jabki ibtidá men bukhár bashiddat ho chuká ho, aur jis súrat men basabab alámaton shadíd ke maríz niháyat zaíf aur past ho gayá ho, aur chahrah zard aur áshuftah aur nílgun howe, jinse záhir hotá hai ki nabz aur dil harkat nahín karte, aur agar básabab lagáne kán yá álah stethescope ke chhátí par áwáz chalne sáns kí namálúm dewe, in báton se sáf záhir hotá hai ki marg men kuch waqfah nahín rahá.

Maqálah.—*Shadíd marz warm khishnah ká.*—Dar súrat khaffí hone is marz ke maríz ko pánch grain calomel yane kushtah párah maih pánch grain James' powder yá ipecacuanha powder sote waqt dewen, aur subah ko tez julláb senna aur salt yane namak ká piláwen. Wáste láne pasínah ke panw garm pání men rakhe jáen, aur badhú maríz ko garm bichhaunon men litá kar khúb kapre se dhak den. Agar pasíná ájátá hai, aur julláb khátir khwá apná amal kartá hai, to marz ká aksar nám o nishán bhí báqi nahín rahtá, aur maríz ko faqt itná zarúr hotá hai ki báhar na nikle aur gosht na kháwe aur sharáb na píwe, táki marz dúse din aud na kar áwe. Jis súrat men pasíná nahín áta to aksar hotá hai ki marz ziyádah ho játa hai; aise mauqa par nuskhah zail balgham ko baásání khárij karegá, aur khánsí men ifáqah ho jáwegá: das qatrah tincture squills ke aur tís qatrah ipecacuanha wine aur áth qatrah liquor potassæ ke tén yá chár dafa din men cháwal ke pání ke sáth dewen. Agar dil matláwe, to is dawá ko kam dewen, aur agar khánsí is par bhí rát ko taklíf detí ho to das grain extract yá tís qatrah tincture henbane ke kisí latíf ashurbah ke sáth dewen. Agar is par bhí marz men farq na pare, to ek hissah marham tartar emetic, aur do hissah marham sádah ke shámil karke chhátí par malen, isse phunsiyán ifrát se nikaláwengí, aur balgham bahut phatkar baásání niklegá. Barwaqt khatam hone is marz ke, jabki ásár bukhár ke záil ho jáwengí, kháná gosht ká aur istámál sharáb ká kuchh khalal nahín karneká, balki fáidah baqhshegá.

Tashaddud marz men iláj isse bhí ziyádah saht karná cháhiye, yane solah ounce se bís ounce tak bazariyah fasd háth ke khún liyá jáwe; aur agar nabz men zauf na ájáwe, to chand ghanton ke bad fasd do bárah karní zarúr hai, aur agar nabz men zauf aur maríz umr rasídah ho to chhátí se biliwaz fasd ke bazariyah sington yá

tuted. Cupping is to be preferred, as its effect is more speedy and within control. Where the inflammation is high, the following powder should be given: calomel five grains, ipecacuanha powder three grains, jalap fifteen grains, followed up in four hours, with the following mixture.

Liquor ammoniæ acetatis, two ounces.

Magnesia sulphas, one ounce.

Tartar emetic, two grains.

Camphor mixture, six ounces.

Of this a small wine-glass full should be given, and repeated every three or four hours. When the inflammation is subdued, the dyspnœa and cough will be relieved giving three or four times a day, eight or ten drops of antimonial wine in a little rice water, diminishing or discontinuing the digitalis, if the pulse becomes intermittent. Should the dyspnœa continue, the tartar emetic solution should be increased to the extent the stomach can bear short of vomiting. Calomel and opium combined, and given in frequently repeated doses, are also sometimes highly beneficial, especially if the complaint is complicated with hepatic disease. Great relief will now be obtained by rubbing in the tartar emetic ointment. In the collapsed state, the patient should have stimulating expectorants, the best of which is thought to be full doses of the carbonate of ammonia, mixed in an infusion of the "*lobelia inflata*," if it can be procured, in the following proportions.

Infusion of *lobelia inflata*, one ounce.

Carbonate of ammonia, ten grains, every four or five hours.

As yet, nothing is known that will obviate the bad effects of black blood in the system.

In acute bronchitis, the diet must be very simple, avoiding animal food, smoking, wine, and spirituous liquors. Farinaceous and milk diet is the best to be adopted; but as the disease wears out, animal food in small quantities may be given, and the strength supported by the bitter infusions of gentian, chiretta, or cinchona bark. Sudden transitions of temperature and improper clothing must be strictly avoided.

jonkon ke khún lewen. Singiyán jonkon se bahtar hain, kyúñki unká asar jald hotá hai, aur ikhtiyár men bhí hain. Jis súrât men warm ziyádatí par howe, to safúf-i-zail dená cháhiye, calomel páñch grain, aur ipecacuanha powder tén grain, aur jalap pandrah grain, aur bad iske chár ghante ke ársah men mixture

Liquor ammoniæ acetatis, do ounce,

Magnesia sulphas, ek ounce, aur

Tartar emetic, do grain, aur

Camphor mixture, chhah ounce, diyá jáwe.

: Aur usko is men se bamiqdár chhoṭe wine glass ke tén yá chár ghante ke bad dete rahen. Jab ki warm ghaṭ jáwegá to dam ke charhne aur khánsí men takhfíf ho jáwegí ki iske bad tén yá chár martabah ek din men áṭh yá das qatraḥ tincture digitalis ke, aur tís qatraḥ antimonial wine ke thoṛe se chával ke pání men den, aur agar nabz betartíb howe to digitalis ko kam yá mauqúf kar den. Agar charḥná dam ká járí rahe, to tartar emetic solution ziyádah kiýá jáwe, magar itná ki medeh jhel le, aur qai na áwe. Aksar dená calomel kí milákar opium ke sáth baz auqát bahut mufíd huá hai, khasúsan jab ki is marz ke sáth khalal jigar bhí huá hai. Is hálat men malná marham tartar emetic ká bahut mufíd hotá hai. Hálat zofuṭ men maríz ko adwiyah muharrik jo dáfa balgham hon dení zarúr hain, in adwiyah men se dená carbonate of ammonia ke sáth infusion of lobelia inflata ke bahtar jánte hain, bashartiki yih ákhir kí dawá dastiyáb ho sake, aur wazan in adwiyah ká yih hai.

Infusion lobelia, ek ounce.

Carbonate of ammonia, das grain, chauthé yá páñchwen ghantaḥ dete rahen.

: Jo ki ab tak kuchh khabar nahín hai ki kaunsi bát se asar bad daurah siyáh khún ká jo is marz ke sabab jism men hotá hai nahín honeká.

Isliye pur zarúr hai ki ghizá sádí howe, aur gosht aur huqqah waghairá aur sharábon se parhez rahe. Ghizá quwwat bakshsh aur patle dúdh men milákar dení bahut bahtar hai, lekin chúnki marz áp tanazzul par hai, gosht thoṛá thoṛá dewen, aur táqat maríz kí bazariyah bitter infusion of gentian yá chiretta yá cinchona bark ke bahál rakhní cháhiye. Yekáyek badalne áb o hawá se aur pahanne námunásib kapron se niháyat ahtiráz zarúr hai.

CHRONIC BRONCHITIS.

This disease is most common in advanced life; in its severer form it is accompanied with dyspnoea, occasional pain in the chest and about the heart, some febrile symptoms, especially towards evening, palpitation, and disorder of the digestive functions. The cough is sometimes very severe, especially at night, and the expectoration copious; and if these persist long, they seldom fail to waste the body and reduce the strength. The expectoration generally consists of a greenish white mucus; sometimes it is purulent and streaked with blood, and occasionally it is pure pus. In such cases there is generally a quick pulse and signs of hectic, and the disease terminates fatally, with night sweats, emaciation, diarrhoea, and all the common symptoms of pulmonary consumption.

The worst cases are usually those which succeed to repeated or severe attacks of acute bronchitis. Chronic bronchitis when occurring in early life, generally follows whooping cough, measles, small-pox, or some cutaneous eruption. Individuals following certain trades are often affected with it, such as cotton cleaners, stone cutters, and leather dressers, the disease being excited by the habitual inhalation of air loaded with dust.

Treatment.—Except in cases of a temporary increase of pulmonary congestion, or aggravation of inflammation, blood-letting is not admissible in the chronic form of the disease. Counter-irritation by Tartar emetic ointment may, if required, be employed for months together, and will afford very great relief, assisted by expectorants. The following may be administered four or five times a day.

Powdered ipecacuanha, one grain, or of the

Ipecacuanha wine, twenty minims.

Tincture of squills, ten minims.

Tincture of digitalis, five minims.

Tincture of opium, five minims.

CHRONIC BRONCHITIS, YĀNE KOHNAH WARAM ARUQ KHISHNAH.

Yih marz nihāyat aksar umar rasīda logon ko wāqa hotā hai aur hālat shiddat men dam chaḥtā hai, aur kabhī kabhī dard chhātī men aur qarīb dil ke hotā hai. Baz āsar bukhār ke khasusan sbām ke waqt numāyān hote hain, aur dil dhaḥaktā hai, aur tāqat hāzmah men farq parjātā hai. Khānsī baze waqt nihāyat shiddat se hotī hai khasusan rāt ko, aur balgham ifrāt se nikaltā hai, aur agar yih bāten bader jāri rakhte hain to hamesha jism ko naqīh aur tāqat ko ghaṭā dete hain. Aksar balgham sufed sabzī liye hue aur lasdār hotā hai, aur baze waqt usmen pīb aur surkhī khūn kī bhī numāyān hotī hai, aur kabhī aisā hotā hai ki bilkul pīb bhī nikaltī hai, in sūraton men nabz aksar tez raftār rahtī hai, aur āsar tap-idī ke numāyān hote hain, aur ākhir ko rāt ke waqt pasīnā āyā kartā hai, aur badan naqīh ho jātā hai, aur dast āne lagte hain, aur tamām āsār sil ke numāyān hote hain, aur marīz halāk ho jātā hai.

Yih marz nihāyat bad us sūrat men hotā hai ki bad mukarrir aur shadīd hamlon waram aruq khishnah ke wāqa howe, laḥakpan men yih marz aksar auqāt bad hooping cough yāne kūkar khānsī yā measles, yāne husbeh, aur small-pox yāne sītā, yā aur iqsām ke dāno ke jo jild par ho jāte hain lāhaq hotā hai. Baze peshewar bhī misl dhunion aur sangtarāshon aur chamrā sāf karnevālon ke aksar is marz men mubtilā hote hain, basabab iske ki hawāc gard ghubbār-i-ālūdah sāns ke sāth unki chhātī men jāti hai.

Māāljah.—Siwa in do sūraton ke, ki yā to us mawād men jo phepre men jama hai ziyādatī ho jāwe yā waram taraqqī pakre, lenā khūn kā is marz men jāiz nahīn. Agar counter-irritation kī hājat ho to istamal uskā bazariāh marham tartar emetic ke mahīnon karnā chāhiye, kyunki yih bahut fāidah baḥshahegā aur uskī madad ke liye adwiyah dāḥa balgham denī chāhiyen, adwiyah zail din men chār yā pānch dāḥa hamrah chāwal ke panī yā āb-i-jau ke jo bamiqdār ek wine-glass ke ho dijāwen.

Powder ipecacuanha, ek grain.

Yā dawā marqūm-i-balā ke iwaz ipecacuanhā wine, bīs qatrah.

Tincture of squill, das qatrah.

Tincture of digitalis, pānch qatrah.

Tincture of opium, pānch qatrah,

in a wine glass full of barley or rice water; care being taken to watch the action of the digitalis, both on account of its effects on the circulation, and its tendency to disorder the stomach and bowels. The same remarks apply to the colchicum.

When dyspnoea is very violent, from five to ten grains of the carbonate of ammonia may be given, in camphor mixture, every hour, according to its effects. When the cough is very violent, the extract of conium in doses of five grains three or four times a day has afforded great relief. The dose may be increased until it produces some giddiness, tremor, nausea, or a heavy sensation and tightness in the forehead. It is advantageous to combine it with ipecacuanha.

The state of the bowels should be watched, and if aperients are indicated, the following pills may be taken.

| | |
|--------------------------------------|--------------------------|
| Powdered aloes, | } of each half a drachm. |
| Extract of colocynth, | |
| Gum assafœtida, forty grains. | |
| Powdered ipecacuanha, twenty grains. | |

The whole to be thoroughly mixed, and made into twenty-four pills, of which two or three may be taken as required. Should the disease be complicated with a disordered liver, then alterative doses of blue pill, or the compound calomel pill are indicated. Should the disease have extended to the mucus membrane of the stomach and bowels, it must be relieved by leeches and blisters to the epigastrium, castor-oil, warm baths, and the most rigid regulation of diet, discontinuing of course all the stimulating medicines which had been previously ordered for the bronchial disease at first. When the gastritic disease has been subdued, the former medicines may then be repeated. The diet in all cases should be mild and simple, consisting chiefly of farinaceous and milky food. Wine, beer, or spirits are to be strictly forbidden.

The body should be daily sponged with cold salt water or vinegar and water, and then rubbed thoroughly dry. Flannel should be worn next to the skin, and all unnecessary exposure to the cold

Magar baliház digitalis ke yih khyál rakhná cháhiye ki daure khún men usne kyá asar paida kiyá aur medeh aur antariyon men kuchh khalal to nahín huá, aur yihí khyál darbáb dawá-i-colchicum ke bhí rahe.

Jis súrmat men dam bashiddat charhta ho to carbonate of ammonia pánch grain se das grain tak jis qadar asar kare sáth camphor mixture ke bad har ghante ke den. Jis hál men khánsí kí shiddat howe to dená extract of conium bamiqdár pánch grain ke din men tín char dafa bahut fáidah bakhshá hai, is dawá ko ziyáda kar sakte hain jab tak ki sargardáni aur larza aur málsh-i-dil yá bojh aur tangí peshání men paidá kare. Agar is dawá ke sáth ipecacuanha shámil karen to bahut fáidah hotá hai.

Antariyon kí hálát par tawajjah cháhiye, aur agar aisí adwiyah ke jo gúnah dastáwar hain zarúrat ho to goliyon mufassil-i-zail ká istamál karen.

| | |
|--|---------------------|
| Powder of aloes, | } harek ním drachm. |
| Extract of colocynth, yane roobe hinzul, | |
| Gum assafœtida, chálís grain. | |
| Powdered ipecacuanha, bís grain. | |

Tamám in adwiyah ko khúb maqlút karke chaubís goliyan baná len, jin men se do yá tín bawaqt hájat ke kháwen. Agar is marz ke sáth jigar men khalal howe to istamál tartíb dihandah muatád alterative doses of blue pill yá compound calomel pill, yane murakkab goliyon calomel ká karná cháhiye, agar bímárí taraf pardah medeh aur antariyon ke phail gaí howe to bazariyah lagáne jonkon aur blister ke epigastrium, yanesadar men aur bazariyah castor oil, yane arandí ká tel aur garam pání se naháne aur niháyat sakht parhez ke uská rafa karná pur zarúr hai, aur wuh maharrik adwiyah jo waram aruq khishnah ke wáste ibtidá men tajwíz kí thin unko ek qalam mauqúf karná cháhiye aur jab ki amráz-i-medeh rafa ho jawen to pahlí adwiyah ká phir istamál karen. Ghizá baharhál naram aur sádí howe aksar patlí aur shír ámez. Istamál iqsám sharáb ká, misl wine, beer yá spirits ke niháyat mamnú hai.

Jism ko sard aur namkín pání se yá sirke aur pání se har roz bazariyah sponge ko tar karen aur bad azán malkar bilkul khushk karen, aur párchah flannel jism se lagá huá pahnen,

damp air to be carefully avoided. Change of air has often cured the disease, when all other remedies have failed.

Questions.

What are the symptoms of acute bronchitis ?

Name some of the causes that may give rise to the disease ?

How would you distinguish acute bronchitis from pneumonia and pleuritis ?

On what should your prognosis of the disease depend ?

What treatment would you adopt in acute bronchitis ?

What are the symptoms of the chronic form of the disease ?

What treatment should you adopt in chronic bronchitis ?

CHLOROSIS; OBSTRUCTED MENSTRUATION.

There are two varieties of this disease, viz. the Acute or Accidental, and the Chronic.

Symptoms of the acute form.—This generally depends upon the application of cold, which produces fever, and thus arrests the discharge. There is pain in the head, back and loins, and all the limbs.

Treatment.—Bleed, and give a purge of rhubarb, afterwards give saline draughts every five or six hours, with sufficient antimony in them to keep up nausea; five or six drops of laudanum may be added to each draught. Should there be severe pain in the womb, with sickness or hysteria, you should administer an injection, consisting of one drachm of laudanum, half a drachm of camphor, two drachms of tincture of assafoetida, and two ounces of thin rice-water. The patient should sit in warm water, and have her abdomen well fomented, then well dried, and put into a warm bed, and the discharge will then probably soon return. If it however does not return before the usual time of its cessation, it then becomes a chronic obstruction.

Of the chronic form of obstruction, there are two varieties, one arising from plethora, and the other from debility.

Symptoms of the chronic form, arising from plethora. The whole system looks as if loaded with blood; the pulse is hard, full, strong,

sámhne rahne se hawá-i-martúb ke niháyat parhez cháhiye. Ta-baddul hawá se yih marz aksar játá rahá hai jab ki dawáen kuchh muassir nahín huín.

Sawálat.

Alámaten acute bronchitis kí kyá hai?

Byán karo nám chand sababon ká jinse yih bímárí paidá hotí hai?

Acute bronchitis se pneumonia aur pleuritis ko tum kyunkar alih-dá tamíz kar sakte ho ?

Prognosis bímárí ko tum kyunkar muqarrar kar sakte ho ?

Acute bronchitis ká tum kyunkar iláj kar sakte ho ?

Chronic bímárí kí alámaten kyá hai?

Chronic bímárí ká iláj tum kyunkar kar sakte ho ?

CHLOROSIS; YANE INSDÁD HAIZ.

Is marz ki do qismen hotí hai, ek to acute yane shadíd, aur dusrá kohnah.

Alámaten.—Shadíd insdád haiz ke. Aksar babais ittasal barúdat ke bukhár ájátá hai jiske sabab se haiz nahín hotá. Is marz men sir aur kamar aur chedon aur tamám azá mendard rahtá hai.

Maqálah.—Khún lewen aur mushil rhubarb yane rewand chíof ká piláwen, aur iske bad saline draught yane namkín ashrúbah páñch-wen yá chhaṭe ghante dete rahen aur usmen káfi miqdár antimony ki miláwen táki dil málísh karta rahe, aur páñch yá chhah qatrah laudanum ke bhí is dawá men har martabah shámil kiye já sakte hai. Agar raham men bashiddat dard howe aur uske sath jí matláta ho, aur marz histeria bhí howe to ek drachm laudanum aur ádhá drachm camphor. yane kafúr aur do dráchm tincture of assafoetida yane híng aur do ounce raqíq cháwal ke paní kí pichkárfi dewen. Maríza ko cháhiye ki garam paní men baiṭhe aur apne perhoo ko khúb sikne de, aur bad khúb khushk karne ke usko kaprese garam rakhe, isse ghálib hai ki insdád haiz jald játa rahegá aur agar isse fáidáh na ho to marz qism kohnah se hojátá hai.

Insdád haiz kohnah ke bhí do qism hai ek to yih ki ziyádtí khún se howe aur dusrí kamzorí sí.

Ásár insdád kohnah ke jo ziyádtí khún se wáqáh howe. Tamám jism aisá malúm detá hai ki khún se bhará huá hai, aur nabz men

and frequent, the skin dry and hot; great thirst with pain in the head, back and loins. The patient instead of being active in her movements, feels inclined to sit over the fire, and is sometimes very giddy.

Treatment.—Bleed from the arm and give purgatives. The patient should take much exercise and little sleep, and on the intermediate day to those on which you give the purgative, you should give saline draughts. By these means the menstrual discharge generally soon returns.

Symptoms of the chronic form, arising from debility.—This variety of the disease is commonly called chlorosis or green sickness. The skin is, sallow, complexion pale, the urine pale and limpid, and eventually there is a tinge of green in the countenance. The breathing soon becomes hurried, with a slight irritable cough and pain in the side, but unlike the pain arising from pulmonary disease, as it is neither constant nor increased by a deep inspiration. At night you will see a mark round the ankle, where the edge of the shoe came: there is also fulness and puffiness of the face and eyelids in the morning, so that after sleep, the whole countenance looks too big; but in course of the day, this size and appearance goes entirely off. The stomach soon becomes deranged now; there is loss of appetite, the patient has an inclination for improper food, such as cinders, candles, pipe clay, &c., there is great flatulency, at times the bowels are costive, at other times lax, the pulse is frequent, small and hard, occasionally there is hysteria.

Treatment.—First clear out the bowels with a dose of rhubarb, and then commence a course of bitter medicines, such as a weak infusion of columba root, or the following pills. Take of powdered myrrh and powdered rhubarb, each half a drachm, extract of aloes ten grains, extract of chamomile or gentian one drachm; mix up these ingredients thoroughly with a little syrup and divide the mass into five-grain pills, of these give a sufficient number to procure two or three stools a-day, until the bowels become more healthy and regular.

salábat aur imtalá aur qúwat aur súrát ma'lúm detí hai aur jild jism ki khushk aur garam hotí hai. Piyás ká ghalba aur uske sáth sir aur kamar aur cheddon men dard hotá hai aur marízá bá-jáe chalne phirne ke ziyádatar ág ke pas baiṭhá rahná cháhtí hai, aur baz waqt daurán sir men mubtila hotí hai.

Maḍljah.—Fasd háth kí lewen aur julláb dewen aur maríza ko cháhiye ki riázut bahut kare aur kam sowe, aur usko har jullab ke dúsre din ushrúbeh namkín piláwen, in tadbíron se haiz áksar járí ho játá hai.

Álámateṅ.—Insdád haiz kohnah ke jokamzorí se wáqah howe.—Is qism kí marz ko chlorosis yá green sickness bhí kahte hain. Jild jism ki tireh aur chehrah zard hotá hai. Pesháb men zardí aur shaffáfí páí játí hai aur ákhir ko rang chehre ká sabzí mártá hai jald bad iske dam súrát se áne jáne lagtá hai aur khánsí gunah kharash ke sath hotí hai, aur pahlú men dard hotá hai, magar waisá dard nahín hotá jaisá ki marz phephre men hotá hai kyonki na to yih dard dawámí hotá hai na khenchkar sáns lene se ziyáda hotá hai. Rát ke waqt ek nisháu qaríb ṭakhne ke numáyán hotá hai. Subeh ke waqt chehre par púrí aur tahabboj ma'lúm detá hai, papoton par ánkhoṅ ke bhambhráhaṭ hote hain, is tarah par ki chehra burhá ma'lúm detá hai magar din men yih báten áksar bilkul játí rahtí hain. Is mauqah par medeh betartíb ho játá hai, ishtahá játí rahtí hai, aur marízá ká dil taraf kháno námunasib ke chaltá hai, maslan cinders, candles yane charbí kí battí aur pipe-clay, wagherah, aur bahut nufkḥ hotá hai, baze waqt antariyon men qabz hotá hai, aur baze waqt kushádgi. Nabz sarí aur patlí aur sakht hotí hai aur kabhí kabhlí hálát hysteria waqah hotí hai.

Maḍljah.—Awal julláb rhubarb yane rewand chiní se safái medeh kí karne cháhiye, aur bad uske istamál talkḥ adwiyah ká misl halke khesándah bekh columba yá golion zail ke karná cháhiye. Písí húi myrrh, písí húi rhubarb yane rewand chiní, harek ádhá ádhá drachm, extract of aloes das grain, extract of chamomile yá gentian ek drachm. Yih adwiyah khúb maḥlút kí jáwen sáth thore se syrup ke aur páñch páñch grain kí golion banái jáwen aur in men se is qadar dení cháhiyengí ki do yá tén dast roz ájáwep tá-waqtíki antariyon men ifáqha aur tartíb ho jáwe.

Now and then a gentle emetic will be useful; give therefore five grains of ipecacuanha powder every half hour until it operates. After a time, when the stomach is strong enough, you should commence giving steel; the following form answers very well:—

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|-----------------------------|--------------------------|
| Take of sulphate of iron, | } Of each half a drachm. |
| Subcarbonate of potass, | |
| White sugar, | |
| Powdered myrrh, one drachm. | |

Mix thoroughly and divide the mass into five-grain pills; of these, three or four may be given twice a day, washed down with a little infusion of chyretta or gentian. After a time, when you have improved the patient's general health, you should commence giving emmenagogues; of these the ammoniated tincture of guiacum is as good as any: a tea spoonful twice or thrice a-day may be given in any bitter infusion. Ten drops of the liquor ammoniæ in one ounce of water may be employed as an injection in the vagina in married females, two or three times a day.

As the strength improves, sea bathing, if it can be procured, or the shower bath, may be cautiously tried, with change of air.

Questions.

How many varieties of obstructed menstruation are there, and what are they called?

What is generally the cause of the acute form of obstructed menstruation?

What treatment should you adopt?

How many kinds of the chronic form of obstructed menstruation are there, and what do they arise from?

What are the symptoms that arise in the chronic form arising from plethora?

What treatment in the form of chronic obstruction arising from debility?

Kabhí kabhi dená halkí qaiáwar dawá ká bhí mufíd hotá hai; isí wajah se panch grain ipecacuanha powder ádheghante ke bad, dete rahen táwaqtíki uská asar záhir howe. Thore se arse ke bad, jab ki medeh men quwwat ájáwe, dená steel yane faulád ká cháhiye, nuskhá zail bahut fáidali bakhshatá hai.

| | |
|----------------------------|-----------------------|
| Sulphate of iron, | } Har ek ádhá dráchm. |
| Subcarbonate of potass, | |
| White sugar, | |
| Powdered myrrh, ek drachm, | |

Lekar aur in adwiye ko khúbb milákar pánch pánch grain kí golián baná lewen, in men se tén yá char ek din men do martabah thore se khisándah chiratta yá gentian ke sáth nigul sakte hain. Thore se arse ke bad, jab ki har liház men mizáj isláh par ájáwe, to dená adwiyah haizáwar ká shurú karen; aur in men se ammoniated tincture of guiacum kisí aur dawá se kam mufíd nahin hai, is dawá ko bamiqdár ek cháh ke chamche ke harroz do yá tén martabah kisí bitter infusion yane talkh khisándah men dewen. Das qatrah liquor ammonia ke ek ounce pání men milákar anaq-ul-raham men auraton mankúhe ke din men do yá tin dafa pichkárí dewen.

Jab ki marízá ke badan men táqat áne lage, to samandar men nehláne ká bhí imtahán karen, agar mumkin ho, aur fawárah se bhí ghusl karen magar soch samajh ke. Nisbat auraton bákráh ke unke wálden se tákíd nikal kar dene kí karen.

Sawálá.

Kai qism ká obstructed menstruation yane insdád haiz hotá hai, aur har qism ká kyá nám hai?

Paidá hone qism acute form insdád haiz ká kyá bájs hotá hai?

Kyá iláj karná chahiye?

Kai qismen hotí hain chronic form yane kohnah insdád haiz kí, aur kyunkar yíh marz paidá hotá hai?

Agar yih marz ziyádatí khún se paida ho to uskí kyá álamaten hotí hain?

Kyá iláj karná cháhiye jab ki kohne insdád haiz basabab kamzorí ke láahq ho?

CHOLERA MORBUS.

Symptoms.—Suddenly the patient is seized with violent vomiting and purging of watery matter, having the appearance of thin rice water, spasmodic cramps of the extremities, extending to the abdomen and the muscles of the chest, the countenance collapsed, the pupils and the white of the eyes covered with a thick film, their blood-vessels are suffused and turgid; the eyes at length sink in their sockets, and immediately become fixed. The extremities now become cold, and the pulse not to be felt, no urine is secreted, and the patient rapidly sinks. Death frequently, in severe attacks, takes place within three hours from the time of seizure. This disease is decidedly not infectious. The signs of a favourable termination are, the patient falling into a sound sleep, the pulse returning at the wrist, urine being secreted and passing freely, vomiting and purging ceasing, the spasms being removed, and the skin becoming moist.

Treatment.—So many modes of treatment have been adopted, with more or less success attending them, that it is quite impossible to decide upon the merits of any one in particular. The following mode has been followed in many hundreds of cases, and has proved efficacious in numerous instances.

Give the patient immediately 20 grains of calomel *in powder*, placed dry on the tongue if an adult, and if a child, a dose in proportion; wash it down with 60 drops of laudanum, and 20 drops of essence of peppermint, in one ounce of water. Give a clyster composed of two ounces of rice water and one drachm of laudanum, which should be retained in the rectum as long as possible. In three or four hours, the calomel and opium should be repeated, if the spasms and vomiting have not ceased. If the patient is urgent in his demands for drink, give a small wine-glass full of warm, *not hot*, congee-water, from time to time; cold water should not be given. In the treatment of stout and robust Europeans, bleeding should be resorted to when first attacked. Mustard poultices in all cases should be applied to the abdomen and calves of the legs, and hot water to the soles of the feet, to allay the spasms.

CHOLERA MORBUS; YANE HAIZAH WABÁÍ.

Alámaten.—Yakáyak maríz ko qai aur dast bashiddat shurú ho játe hain, aur shakl unkí raqíq chával ke pání kí mánind hotí hai, háth pánw men tashannuj hokar taraf perú aur putthon chhátí ke phailtá hai, chehrah naqíh ho játa hai, aur ánkhon kí putlion aur sufedí ke úpar ek motí jhillí ho játí hai, aur ragen ánkhon kí phail aur phúl játí hain, ákhir ko ánkhen baith játí hain, aur fauran pathrá játí hain, háth páwn us waqt thande ho játe hain, aur nabz nahín malúm detí, pesháb paidá nahín hotá, aur hál hardam abtar hotá játa hai, aur agar haizah sakht hotá hai to aksar maríz tén ghan-
te ke ársah men tamám ho játa hai. Yih marz beshak mutaddí nahín hai. Alámaten jin se malúm hotá hai ki anjám is marz ká bakhair howegá, wuh yih hain, ki maríz bekhabar so játa hai, aur nabz kalái ke pás chalne lagtí hai, aur pesháb paidá hokar khul ke áta hai, aur qai aur dast mauqúf ho játe hain, aur aur alámaten játí raktí hain, aur jism par namí ájátí hai.

Maqljah.—Kitne hí tauron par iláj is marz ke hue hain, aur wuh is qadar kam o besh kárgar aur ghair muassar huc hain, ki un men se kisi khas iláj ko tarjih dená dushwár hai, taríq zail par saikron marizon ká iláj kiyá gayá hai, aur un men se mutaddad ádmí achche ho gae hain.

Fauran bad haizah ke bis grain calomel báriq o khushk maríz kí zubán par rakhen agar jawán howe, aur agar bachcha howe to uskí umr ke muwáfíq, aur usko bazariyah sáth qatrah laudanum aur das qatrah peppermint, yane araq podínah ke sáth ek ounce pání ke sáth halaq men utár den. Do ounce chával ká pání aur ek drachm laudanum ká huqnah karen, aur tabamaqdúr is dawá ko miqad se nikalne na dewen, tén yá char ghante ke bad calomel aur afyún phir dewen, bashartíki tashannuj aur qai mauqúf na huí hon, agar maríz ksháhish pání kí betábí se kartá ho to bamiq-dár ek chhoté wine glass ke ním garm pichh piláte rahen, sard pání dená nahín cháhiye. Bich iláj aise ahal-i-Firang ke jo ki qawí, aur shahzor howen khún bhí barwaqt haizah hone ke lená cháhiye poultice ráí ká har súrat men shikam aur sáqún par lagáwen, aur garm pání pánw ke talwon par wáste kam karne tashannuj ke dālen.

Should the disease terminate favourably, the after-treatment is to regulate the bowels with an occasional dose of calomel and jalap, and to give a full dose of laudanum to procure sleep, if the patient is restless.

N. B.—Always give the calomel in form of powder and not in pills, and the opium in form of tincture, not in powder, as it is a saving of many valuable hours in their action, which is of serious importance in this disease.

Questions.

What are the usual symptoms of cholera morbus ?

What are the signs of a favourable termination ?

What treatment should you adopt at first ?

What should be your after-treatment in favourable cases ?

Why should calomel always in this disease be given in form of powder, and opium in form of tincture ?

COLICA; COLIC.

Symptoms.—In simple colic, there is constipation, violent pain chiefly about the navel, which is relieved by pressure, free from any inflammatory tenderness; the pain is intermittent; there is nausea, tenesmus, pain in the loins, great flatulence, but no fever. This disease may arise from the application of cold to the body when heated, from eating unripe fruit or any indigestible food, disagreeing with the stomach, obstruction of any kind, such as hardened fœces or a hernia. Lead absorbed into the system in very small quantities will produce it, as daily seen in the case of painters and plumbers. You will then find that the patient's wrist sometimes drops, the muscles of the forearm and hand are paralyzed, so that he cannot use it, and the muscles at last waste away.

Treatment.—Bleed from the arm freely, if the pulse will admit of it, and follow it up with a warm bath; at the same time give twenty grains of calomel if for an adult, following it up with castor

Agar anjám is marz ká baḡhair howe to baḡhu iláj yih hai ki antariyon ko kabhí kabhí dene calomel aur jalap se tartíb dewen, aur agar maríz bechaine rahtá ho to ek dose, yane maṇṭád laudanum kí wáste láne nínd ke piláwen.

Lázim hai ki is marz men calomel bárík dewen, aur golion men na dewen, aur opium ko hameshah ghulá huá kyunki us men asar jald hotá hai, aur दूसरी súrat men ghanṭon men, aur yih amar is marz men áham hai.

Sawálát.

Kyá alámaten haizah wabáí kí hotí hain ?

Kyá alámaten hotí hain jinse maḡlúm detá hai ki anjám is marz ká baḡhair hogá ?

Ibtidá men kyá iláj karná cháhiye ?

Jab ki anjám is marz ká baḡhair howe, to baḡhú kyá iláj kiyá jáwe ?

Is marz men kis wajah se calomel bárík aur afyún ghulí huí dení cháhiye ?

COLICA ; YANE QULINJ.

Alámaten.—Jis hálat men qulinj sádah howe, to qabziyat rahtí hai, aur dard shadíd ziyádahtar qaríb náf ke hotá hai, aur kuchh warm nahín hotá, aur dabáne se árám átá hai, yih dard ṭahar ṭahar ke hotá hai, málísh díl aur maṇṇhá hotá hai, aur dard kamar men aur niháyat qabz rahtá hai, magar buḡhár nahín hotá. Ittisál barúdat se jism par yih árzah ho játá hai, us súrat men ki basabab kháne kacheche phalon yá tuam ḡhair hazam ke jo medeh ke muwáfíq na hon badan men garmí á gaí howe, basabab rukáo kisi qism ke, masal saḡht ho jáne paíkhánah ke, yá fitaq kisi antrí ke bhí yih marz paidá hotá hai, basabab gunah jazb hone sharb ke jism men yih marz ho jáwegá, jaisá ki har rozah baliház musawwaron aur rangsázon ke dekhne men átá hai, is súrat men musháhidah kiyá játá hai ki baḡ waqt kaláí maríz kí shal ho játí hai, aur puṭṭhe, pahunche aur háthon ke maflúj ho játe hain, is tarah par ki bekár aur áḡhir ko ḡhushk ho játe hain.

Maḡljah.—Fasd háth kí ḡhátir ḡhwá karen, agar quwwat nabz ijázat dewe, aur baḡ uske garm pání men biṭháwen. Agar maríz jawán howe, to bís grain calomel usí waqt dewen, aur baḡ izán tín

oil in three hours, repeating the dose of oil every two or three hours until the bowels are well moved; foment the bowels with hot water, and administer an enema of forty drops of laudanum in eight ounces of congee water. Dashing cold water on the abdomen has often been successful in obstinate cases.

Should lead have induced the disease, the patient should be taken away from his business for a time, and not wear his working clothes. After the colic is over, you may employ electricity daily to the forearm and hand; he should use his hands daily, rubbing them himself if possible with some stimulating liniment, afterwards supporting the limb on a splint. Continual blisters to the wrist have afforded great relief. Internally, the use of strychnine, stramonium, or nux-vomica may do good.

Questions.

What are the symptoms of simple colic ?

Name some of the causes that induce this disease ?

What is the treatment of simple colic ?

Should lead have produced the disease, what symptoms are present ?

What treatment should you adopt, if the disease was caused by the absorption of lead ?

CONVULSIO; OR CONVULSIONS.

They usually proceed in childhood from teething or deranged bowels, caused by eating indigestible food, or from worms in the intestines.

Treatment.—Put the child into a hot bath as soon as possible, and give it at once two or three grains of calomel, following it up in an hour by a dose of turpentine and castor oil. When the child is taken out of the bath, put a mustard plaster on, all down the spine and upon the soles of the feet, keeping it on for ten minutes or a quarter of an hour. If the convulsions return, place a few leeches on the child's temples, regulating the number to the age of the child. If teething should be the cause of the convulsions, the gums should be freely lanced. If the convulsions continue, the calomel must be repeated every two hours, and the oil and turpentine every four hours, so as to keep up a free action on

ghaṇṭe ke ārsah meṇ castor oil pilāweṇ, aur do tīn ghaṇṭe ke baḍ yih tel pilāte rāheṇ, tāwaqtīki antariyān kḥúb sáf ho jāweṇ, antari-on ko garm pānī se senkeṇ, aur chālīs qatraḥ laudanum ke āṭh ounce pīch meṇ milākar huqnaḥ karen, basabab zor se dālne pānī ke shikam par jabki marz aur tarāḥ se nahīn ārām ho gayā hai.

Agar basabab shurb ke yih marz āriz huā howe to marīz apne peshah ko chand ārsah tak chorḍewe, aur apne kām karneke kapron ko na pahne, baḍ rafa hone qulīṇ ke sadmaḥ electricity pahunche, aur hāth par har roz dete rāheṇ, aur marīz ko chāhiye ki kḥud agar mumkin howe har roz koī tez marham apne hāth se maltā rahe, aur hāth ko splint meṇ rakhe, basabab lagāte rahne blister ke kalāī meṇ bahut fāidah huā hai, khāne kī adwiyah meṇ strychnine, yaṇe kuchlah kā sat, aur stramonium, yaṇe dhatúrah yā nux-vomica mufīd ho saktā hai.

Sawālāt.

Kyā ālāmaten qulīṇ sādah kī hotī haiṇ ?

Kyā baẓī ālāmaten is marz kī haiṇ ?

Kyā ilāj qulīṇ sādah kā hai ?

Agar shurb ke báis se yih marz lāhaq howe, to kyā wāqah hotā hai ?

Kyā ilāj karnā chāhiye jab ki babāis jazb hone shurb ke badan meṇ yih marz paidā huā ho ?

CONVULSIO; YANE TASHANNUJ.

Ālāmaten.—Yih marz amúman bachpan meṇ babāis nikalne dānton ke, yā khāne saqīl ghair hazam ghizā ke jisse antariyān betarūb ho jātī haiṇ, yā basabab hone kíron ke amā meṇ paidā hotā hai.

Maqālah.—Bachcha ko baqadar maqdúr jald garm pānī meṇ biṭhāweṇ, aur do yā tīn grain calomel ek laḥt deweṇ, aur iski ek ghaṇṭe ke baḍ turpentine aur castor oil pilāweṇ, barwaqt nikālne bachche ke garm pānī se ráí kā phāhā kamar kī haddī par lagāweṇ, aur pānw ke talwon par das minute yā páu ghaṇṭe tak rahne deṇ, agar tashannuj āud kar áwe, to chand jonkeṇ muwáfīq umr bachcha ke kanpaṭion par lagāweṇ. Agar basabab nikalne dānton ke yih marz huā howe, to masúre baḥhúbí chír deṇ. Dar-súrat-i-ki tashannuj járí rahe, to calomel do ghaṇṭe ke baḍ dete rāheṇ, aur castor oil aur turpentine chār chār ghaṇṭe ke baḍ is tarāḥ par, ki antariyān baḥhúbí mutharrik rāheṇ, blister deṛḥ inch kā chaurā

the bowels. Blisters should be applied to the spine one and half inch broad, and six or eight inches long. A very marked indication of the tendency to convulsions is the turning in of the thumbs towards the palms of the hands.

A free action on the bowels should be kept up for some days after an attack of this sort; for this purpose, one or two grains of calomel should be given at bed-time, and a dose of senna, castor oil, or scammony in the morning, this should be repeated twice or thrice every second or third day.

Questions.

What are the chief causes of convulsions in childhood?

What treatment above to you adopt at first?

Should the convulsions return, what ought you to do?

If teething should be the cause of the disease, what should you do?

CYSTITIS ; INFLAMMATION OF THE BLADDER.

Symptoms.—This disease is characterized by a burning and throbbing pain in the region of the bladder, tenderness on pressure, a constant desire to make water, very great pain at the neck of the bladder while the urine is passing, so that, perhaps, the patient can only void it on his knees. The urine is made in very small quantity very often, and is frequently high coloured and bloody. Perhaps there is also tenesmus.

This affection is induced by boils, turpentine, cantharides and other things which irritate the urinary organs.

Treatment.—The antiphlogistic treatment must be followed vigorously without any delay, viz., general bleeding, leeches or cupping over the loins, a full dose of calomel and antimony, followed up by a brisk purge in a few hours. Mild diluents, such as linseed tea, rice water, or barley water, will be sufficient nourishment for the first two or three days, when if all inflammatory symptoms have ceased, more generous diet may be gradually allowed.

aur chhah yá áth inch ká lambá kamār kī haḍḍī par lagá den. Jab ki yih marz honewálá hotá hai, to baríshanákht yih hai ki angúthe háthon ke hathelion kī taraf phir játe hain.

Is hálát men antariyon ko baḥhúbí mutharrik rakhen, aur is wajah se ek yá do grain calomel sote waqt dewen, aur ek maútád senna yá castor oil kī yá scammony subah ko dewen, yih adwiyah do tīn dafa dúsre tísre din dete rahen.

Sawálát.

Kon se bare báis láhaq hone tashannuj ke hote hain ?

Ibtidá men kyá iláj karná cháhiye ?

Agar tashannuj aud kar áwe to kyá karen ?

Darsúrat-i-ki basabab nikalne dánton ke yih marz huá howe to kyá karná cháhiye ?

CYSTITIS; YĀNE SOZISH MASĀNAH.

Alúmaten.—Is marz men dard sozish aur lapak ke sáth ás pás masānah ke hotá hai, aur dabāne se ízá hotí hai, aur har dam hájat pesháb kī maḥlúm detí hai, barwaqt áne pesháb ke gardan masānah men niháyat dard hotá hai, is tarah par ki maríz ko ḡháliban ḡhūṭon ke bal hokar pesháb átá hai. Pesháb bahut thorá thorá aur aksar átá hai, aur bárhá bahut surkḥ aur ḡhún álúdah hotá hai, aur pechish bhí hotí hai.

Yih árzah basabab sufrá yá istamál turpentine yá cantharides, yá basabab aísí aísí aur chízon ke jo ki un azá men jinke báis pesháb átá hai sozish paidá kartí hain láhaq ho játá hai.

Maāljah.—Aísí tadbíren bilátámul aur tawaqquf kī jáwen, jo harárat ḡharízí ko kam kartí hain, yāne tanqiyah ḡhún ká bazariāh fasd aur lagāne jonkon yá sīngion ke kamar par amal men láwen aur ek púrí maútád calomel aur antimony ki dewen, aur uske chand ḡhante ke bad koí tez mushil piláwen, halkí martúb chízen misl alsí kī cháh yá cháwal ká pání yá áb-i-jau do tīn din ek káfi ḡhizá tasawwar kī jáwe, lekin jis súrat men támám alámaten warm kī mauqúf ho jáwen, to raftah raftah muqawwí ḡhizá kī ijázat de sakte hain.

Questions.

What are the symptoms of cystitis ?

How is this disease generally caused ?

What treatment should you adopt ?

DELIRIUM TREMENS ; THE HORRORS.

Symptoms.—There is delirium, generally restrainable, delusions of vision, tremor of hands or the whole body, a quick pulse, but not full or hard. *This disease being strictly one of irritation not inflammation*, there is constant watchfulness and want of sleep. This disease generally occurs in adults addicted to drinking spirits, but not always, for it has occurred after acute rheumatism, injuries of the head, apoplexy, paralysis, and a long exposure to the use of lead.

Treatment.—Administer opium in large doses, three or four grains to an adult, which may be continued twice a day for a few days, and relinquished by degrees, as the disease decreases. Nourishing food is required, and occasionally small quantities of spirits may be given with considerable effect. If there appears congestion of blood in the head, apply cupping glasses to the nape of the neck, or leeches to the temples, with cold applications over the head, but carefully avoid general bleeding. Moderate purging is also necessary. A combination of camphor, ammonia, and tartar emetic has been highly approved of, given in form of a mixture. Should there be violent vomiting, so that nothing can be kept in the stomach, one, two or three drops of pure creosote on a lump of sugar, has afforded immediate relief, when several other remedies have failed. The patient, when labouring under this disease, should be considered a dangerous maniac, and therefore never left by himself for a single minute, until quite cured.

Questions.

What are the symptoms of delirium tremens ?

What is the nature of this disease ?

What is the chief cause that gives rise to this disease ?

What other causes may give rise to it ?

Sawálát.

Sozish masá nah ke kyá ásár hote hain ?

Kis báis se yih árzah aksar láhaq hotá hai ?

Kyá iláj karná cháhiye ?

DELIRIUM TREMENS; YANE HIZYÁN.

Alámaten.—Is marz men hiziyan hotá hai, jisko rok bhí sakte hain, aur nazar ke sámhue kuchh kuchh dikhlái detá hai, aur háthon aur tamám jism men reshah hotá hai, nabz men tezí magar imtatlá aur salábat nahín páí játí. Yih marz warm se nahín paidá hotá, balki irritation se, is marz men har waqt choukunnápan aur bedári rahtí hai, yih bímári aksar jawánon ko áud hotí hai, jo ki sharábon ká istámál bakasrat karte hain, lekin hameshah nahín hotí, is liye ki wuh wáka huí hai bad wajah mufassil shadíd aur taklífát sir, aur marz saktah, aur fálij aur istámál tawíl kár shurb ke.

Maáljah.—Opium barí maütádon men yane tín yá chár grain ek jawán ádmí ko dewen, aur yih kaí din tak har roz do dafah dí jáwe, aur jún jún bímári kam hotí jáwe maütád opium ko bhí ghatáte jáwen. Ghízá muqawwí dení cháhiye, aur kabhí kabhí thoří sharábon ke dene se bahut fáidah hogá. Agar yih malúm ho ki sir men khún jama ho gayá hai guddí men síngiyán yá kanpatiyon par jonken lagáí jáwen, aur sir par sard chízen lagáwen, magar bahut hoshyári se tanqiyah ám khún se ahtiráz karná cháhiye. Filjumlá istámál mushil bhí zarúr hai, dená camphor, aur ammonia aur tartar emetic ká milákar is ke liye niháyat pasand kiyá gayá hai. Agar maríz ko is qadar qai áti ho ki kuchh chíz medeh men na thahartí ho, to ek yá do yá tín qatrah khális creosote ke agar misrí kí dālí par dálkar khiláe gae hain, to fauran fáidah huá hai, jab ki aksar aur ilájon se kuchh asar nahín huá. Jab ki maríz is árzah men mubtilá howe, cháhiye ki wuh ek muhíb díwánah tasawwar kiyá jáwe, aur is liye jab tak wuh bilkul achchhá na ho jáwe, ek lahzah bhar bhí use tanhá na chhoren.

Sawálát.

Kyá hain alámaten árzah hiziyan kí ?

Kyá hai asal is bímári kí ?

Kyá hai bará báis jo ki is árzah ko paidá kartá hai ?

Kyá aur báis mújib paidá karne árzah mazkúr ke hote hain ?

What treatment should you adopt ?

Should you bleed from the arm in this disease ?

Should there be violent vomiting, what medicine has been strongly recommended to be given ?

DIARRHŒA.

By diarrhœa is meant frequent liquid and rather copious and fœculent stools, with some pain at the time of evacuation.

Treatment.—This must depend on the existing cause; if it be occasioned by the application of cold to the surface of the body, give the warm bath with sudorifics, such as Dover's powder. If bad or indigestible food have brought it on, gentle laxatives must be given to bring away the offending matter. If the presence of nausea, bilious vomiting and bilious stools, point out a morbid state of the biliary secretion, calomel and opium, followed up by saline purgatives, very much diluted with water, are indicated. If constipation has been the cause, gentle laxatives, aided by mild injections, together with the warm bath, are useful. Should fever and local pain be present, with hardness of pulse, bleeding either general or local may be resorted to with advantage; when the patient's strength will not admit of the abstraction of blood, counter-irritation and opiates must be employed, together with strict attention to diet.

When there is no fever, nor symptoms of inflammation present, astringents should be given, such as chalk mixture with laudanum; if this will not do, then give catechu, kino, or sulphate of copper. There is also another form of diarrhœa, in which the stools are white, like thin mortar, frothy, very copious, of a sour smell, no pain, and the disease of a chronic nature, which may last for years. It generally occurs in men, not in women, and more particularly those who have resided a long time in warm climates, and suffered from liver complaints.

Treatment.—This may successfully be subdued without giving mercury, by steadily persevering in the use of the sulphate of

Kyá ilāj iḵhtiyār karná chāhiye ?

Is bīmārī men bāzú kī fasd karen yā nahīn ?

Agar maríz ko qai bashiddat ho, to kyá dawá dení uske liye munásib tajwíz kī gaí hai ?

DIARRHŒA ; YĀNE ISHĀL.

Is marz men yih hotá hai ki patle aur ziyádahtar kasrat se pá-
khána ke mile hue bár bár dast áte hain, aur barwaqt ijábat ke
thorá dard bhí hotá hai.

Maqálah.—Ilāj munhassir hai úpar báis marz ke, agar yih árzah
basabab itsál barúdat ke satah jism par láhaq huá ho, to maríz ko
garm pání men bitháwen, aur adwiyah aruqáwar misl Dover's powder
ke dewen, háth páñw aur satah jism ko garm rakhen. Agar ba-
sabab burí aur saql ghizá ke yih marz paidá huá howe, to halkí
adwiyah mulayyan dewen táki medeh fásid ko nikál de. Agar
málish dil aur qai aur daston sufráwí se záhir howe, ki sufrá náqis
paidá hotá hai, to dená calomel aur opium ká, aur badhú piláná
namkín jullábon ká pání se khlúb raqíq karke munásib hai. Agar
qabziyat báis is marz ká howe, to dená halkí mulayyan adwiyah
ká aur karná halkí dawáon ke huqnah ká, aur bitháná garam pání
men mufíd hai. Agar bukhár aur medeh men dard maujúd ho,
aur nabz men salábat páí jáwe, to tanqiyah khún khwá ám khwá
khás karná chāhiye, kyunki faidahmand hogá. Jis súrat men
táqat-i-maríz ijázat khún lene kína dewe, to counter-irritation aur
adwiyah khwábáwar istámál men áwen, aur uske sáth libáz ghizá ká
badarjah niháyat zarúr hai.

Darsúrat-i-ki bukhár aur álamaten warm kī maujúd na howen, to
adwiyah qábiz misl chalk mixture aur laudanum ke dewen, aur
agar isse bhí kuchh faidah na howe to catechu, kino, yá sulphate
of copper dewen. Ek aur qism ká bhí ishál hotá hai, jis men
sufeid patle chúne ke muwáfiq kafdár ifrát se dast áte hain, bú
khattí hotí hai, aur dard nahīn hotá, aur yih marz derpá hotá hai,
chunāñchi barson jári rahtá hai. Yih árzah aksar mardon ko láhaq
hotá hai, aur auraton ko nahīn, aur khusúsan unko jo ársa daráz
tak garm mulkon men iqámat rakhte hain, aur khalal jigar men
mubtilá rahte hain.

Maqálah.—Yih marz rafa ho saktá hai baghair khiláne páre ke,
agar mutwátir sabr se sulphate of copper aur opium ká istámál

copper and opium, and paying most particular attention to his diet, avoiding all fruits, vegetables, fermented and spirituous liquors, and swathing the abdomen in flannel.

Questions.

What is meant by a diarrhœa ?

Describe some of the common causes of diarrhœa and their treatment ?

Describe that peculiar form of diarrhœa, seen in those who have suffered from disease of the liver, and lived a long time in warm climates ?

What treatment should you adopt in such cases ?

DYSENTERIA ; DYSENTERY.

This disease may either be acute or chronic.

Symptoms of the acute form.—The disease commences in general with much of the appearance of a common diarrhœa, frequent and unseasonable calls to stool, with an irresistible inclination to strain over it. The evacuations are generally copious, of a fluid consistence, without any peculiar smell, sometimes streaked with blood, and at other times a small quantity of blood is voided in a separate form, unmixed with fœces. The pulse in this state of the disease, is seldom altered, the heat of the skin is not perceptibly increased, and the tongue is frequently but little changed in its appearance. There is always a great prostration of strength and depression of the spirits, the appetite is indifferent, and the thirst urgent. To these symptoms succeed a fixed pain in the hypogastrium, more or less acute, and sometimes to be traced along the whole course of the colon, with a sense of fulness, tension, and tenderness on pressure, and on applying the hand to surface of the abdomen, a preternatural degree of heat is frequently perceptible in the integuments. The evacuations now become more frequent and less copious, they consist chiefly of blood and mucus, or are composed of a peculiar bloody serum, like water in which beef has been washed or macerated. A suppression of urine and distressing tenesmus now become very urgent; the indifference to solid food increases, and an uncontrollable desire for cold water is constantly expressed. The tongue is now generally white and furred, sometimes however exhibiting a florid,

karte rahen, aur ghizá par tuwajjah rakhen, aur phalon aur tarká-rion se aur sharáb hái tez, aur garm se bilkul parhez karen, aur párche flannel shikam par lapeten.

Sawálat.

Ijrái shikam se kyá murád hai ?

Baz báis ijrái shikam ke mái unke iláj ke bayán karo ?

Us kḥás qism ke ijrái shikam ko bayán karo jo un logon ko hotá hai ki marz jigar men mubtilá hon, aur ársah daráz tak garm mulkon men rahe hon ?

Aisí súraton men kyá iláj karná cháhiye ?

DYSENTERIA ; YANE ISHÁL KḤUNÍ.

Yih bímárí do qism kí hotí hai, shadíd yá kohnah.

Alámaten marz shadíd kí yih hain.—Yih bímárí ámúman záhir men basúrat ishál ám ke shurú hotí hai, aur is men aksar aur bewaqt hájat dast kí hotí hai, aur zabt nahín ho saktí. Bare bare dast áte hain, aur raqíq o kasíf hote hain, lekin un men koí kḥás bú nahín hotí, baze waqt yih dast kḥún álúdah hote hain, aur baze waqt thorá sá kḥún álúdah ijábat hotá hai, baghair álúdgí baráz ke. Bímárí mazkúr ke is darjah men nabz bahut kam mutbaddil hotí hai, aur garmí post kí aisí ziyádah nahín ho játí ki mahsús ho, aur zubán kí súrat men bahut kam tabdílí hotí hai. Táqat hameshah bahut ghaṭí játí hai, aur dil baithá játá hai. Bhúkh men beparwái aur piyás shadíd ho játí hai. Bad in alámaton ke ek ṭhahrá huá dard zer medeh shurú ho játá hai, kḥwá wuh ziyádah shadíd ho yá kam, aur baze waqt wuh sáre rodeh colon men páyá játá hai, aur dabáne se púrí aur tanáo aur taklíf maḷúm hotí hai, aur satah shikam ke úpar háth lagáne se aksar ek beqáedah darjah garmí ká pardon men maḷúm hotá hai. Is hálát men dast aksar ziyádah ho játe hain, lekin bahut bare nahín hote, ún men ziyádahtar kḥún aur ánw hotí hai, yá wuh ek kḥás áb-i-surkh se mushtamil hote hain, misl us pánce ke jis men gosht dhoyá yá bhigoyá ho. Bad iske insdád baul taklíf dibandah dard bashiddat tamám hotá hai, aur beparwáhi wáste ghizá saḡht-o-saḡíl ke ziyádah ho játí hai, aur hameshah wáste ṭhande pání ke is qadar kḥáwhish rahtí hai ki zabt nahín ho saktí. Is hálát men zubán aksar su'ed aur kḥárdár ho játí hai, lekin baze waqt surkh aur

smooth, glassy appearance, with a tremulous motion when thrust out; the skin is either parching hot, or covered with a profuse perspiration, the pulse is sometimes full and bounding, with a peculiar thrilling sensation under the fingers. This state of the pulse denotes extreme danger, and shows that the disease is hurrying on to the final stage, in which the patient experiences the greatest anxiety, depression, and fear of death. The discharges by stool, which are often involuntary, are now accompanied with a most intolerable fetor; they are frequently mixed with shreds of membrane, and quantities of pus; prolapsus of the anus takes place, and often several inches of the inner coat of the intestines are thrown off by mortification.

Causes of Dysentery.—It is generally most prevalent at the termination of the hot weather, and during the rains, when the alterations of the temperature are often so great and sudden. Unwholesome food; the abuse of spirituous liquors, and the drinking of bad wine, often bring on the disease. Malaria is supposed to produce it, and soldiers are often attacked in large numbers, after a night encampment or bivouac on damp ground.

Treatment of Acute Dysentery.

In the stenic form of the disease, bleeding; both local and general, must be immediately ordered; sixteen or twenty ounces of blood should be taken from the arm, followed up with twenty or thirty leeches, applied along the course of the colon or great gut, then warm poultices and fomentations; should there be tenesmus, a dozen leeches may also be applied to the sacrum or perinæum. The repetition of leeches must of course depend upon the intensity and duration of the disease, and the degree of relief afforded by the first application. Should griping, purging, and particularly fixed abdominal pain continue, they may be repeated on the following day, or each succeeding day, to the third or fourth time, their number being regulated by the urgency of the symptoms, and strength of the patient. As a general rule, however, if the bleeding, both local and general, has been carried out vigorously at first, there is seldom any further occasion for a repetition. Should the bowels be costive, the tongue loaded, and the evacuations offensive, adone of castor oil should be given in any mucilage, with a small

shafáf aur tábandah súrát záhir kartí hai, aur us men báhar nikalne ke waqt ek harkat larzah kí sí ma'lúm hotí hai, post yá to bahut garm rahtá hai yá bashiddat pasíná átá hai, nabz bāze waqt pur aur jahandah hotí hai, aur ek kḥás jumbish ungliyon ke níche ma'lúm hotí hai. Yih hálát nabz kí hameshah kḥauf-i-halákat dikh-láti hai, aur záhir kartí hai ki yih bímárí jald ákḥir darjah ko pahunch jáwegí, aur bímár ko niháyat taraddud aur sustí aur kḥauf-i-marg paidá hotá hai. Dast jo ki aksar bekhabrí aur beikhtiyári men nikal játe hain, un men aisi badbú áti hai ki ádmí uská mut-hammil nahín ho saktá, aksar daston men jhillí andar kí gal kar nikal áti hai, aur rim bhí áti hai, aur káñch bhí nikal áti hai, aur aksar káf inch andar kí jhillí rodon kí gal ke gir partí hai.

Sabab is hál ke: niháyat ghalbah is bímárí ká ákḥir mausam-i-garmá men, aur barsát men hotá hai, jab ki inqaláb mausam aksar auqát badarjah gháiyut aur daffatan hotá hai aur ghízāe námu'áfiq aur bakasrat istāmál sharābon ká, aur píná burí angúrí sharáb ká, aksar yih bímárí látá hai. Hawái bad se bhí yih bímárí paidá hotí hai, aur sipáhiyon kí giroh kí giroh par yih bímárí aksar hamla háwúr hotí hai, bad iske ek rát wuh log zamín tarpar fro-kush hon.

Ma'álah ishál shadíd ká.—Bímárí mazkúr kí us súrát men jab ki kḥún ziyádah ho tanqiyah fasd kḥás o ám donon fauran munásib hain, aur soláh yá bís ounce kḥún bázú men se lená cháliye, aur bad *azán* bís yá tís jonken tamám colon yá rodah kalán par lagání cháhiyen aur bad is ke garm poultice aur senk ká istāmál ho, aur agar dard bhí ho to bárah jonken rírh aur síwan par bhí lagání cháhiyen, aur muqarrar lagána jonkon ká shiddat aur kamí bímárí aur darje ifáqat par joki pahlí dafah ke lagáne ne bakhshhá hai mauqúf o munhassir hai. Agar pechish aur dast aur kḥasúsan tḥahrá huá dard shikam men jári rahe dústre din yá ek din bad tísri, chauthí dafá phir jonken lagáwen, aur tadád unki bamújib zarúrat alámaton marz ki, aur táqat maríz kí ho, lekin yih bát bataur qáidáh ám hai, ki agar tanqiyah kḥún kḥás aur ám awwal martabah kḥátir kḥwa kí gaí hon to bahut kam zarúrat muqarrar kḥún lené kí hogí. Agar ánten munqabiz hon, aur zabán par ziyádah mail ho aur dast mutáffin hon to ek moutád castor oil kí kisi mucilage men, hamráh thorí sí laudanum ke díjáwe aur uske amal kí madad mulayyan karne-wáli adwiyah huqnah se ho saktí hai. Bad tanqiyah aur amal julla-

dose of laudanum in it; its action may be assisted by an emollient clyster. After depletion, and the action of the purgative, the following pills may be given every two or three hours, until the discharges assume a healthy appearance: calomel one grain, Dover's powder five grains, syrup or jam, sufficient to make the mass into two pills.

Ipecacuanha alone is a valuable remedy, and may be given in large doses without exciting vomiting. The following is a very good form of pill, acting as a diaphoretic. Powdered ipecacuanha two or three grains, extract of gentian five grains, to be made into two pills, and taken every four or five hours until the acute symptoms are relieved. Tenesmus may be relieved by a clyster of two ounces of rice water, in which three or four grains of opium has been dissolved. After these remedies have been adopted, blisters should then be applied to the abdomen. When there is great debility, the following bitter draught may be given with advantage, infusion of columba root one ounce, compound tincture of cardamoms one drachm, three times a day. Costiveness should be removed by oleaginous purges, and mucilaginous clysters. If the anus be inflamed or excoriated, it should be bathed with goulard water, and it may be protected from the acrimony of the discharges by being anointed with simple ointment or cold cream. The diet throughout the disease should consist of the mildest farinaceous food, consisting of arrowroot, milk, solution of gum arabic, rice or barley water: the patient should carefully avoid catching cold, and should have his abdomen swathed with two or three rolls of good flannel.

CHRONIC DYSENTERY; OR DYSENTERIA CHRONICA.

Symptoms.—The fever which attended the acute form, subsides, and a temporary recruiting of strength and appetite is experienced, but this freedom from distress proves deceptive. The patient feels sharp pains of the bowels, with frequent stools, consisting of food apparently little changed by the process of digestion, mixed with slight streaks of blood. These symptoms may subside, and continue to recur at intervals, either from imprudence in diet or clothing, or without any assignable cause, until extensive disorganization of the intestines takes place. The stools are then mucous and

boṇ kí goliyāṇ marqumat-uz-zail do do, tīn tīn ghaṇṭe baḍ dī jáweṇ jab tak kí dast surat dastōṇ sihat kí pakreṇ. Calomel 1 grain, dover's powder 5 grain, shíra yá murabbá baqadar banáue do goliyōṇ kí.

Siraf ipecacuanha ká ek umdá iláj hai aur baṛí, baṛí maṇṭáden iskí de sakte haiṇ baghair iske kí qai ho iske liye habi marqumat-uz-zail bahut muḥid haiṇ aur buhat pasíná láṭí haiṇ: powder ipecacuanha do se tīn gra'n tak, extract of gentian páñch grain, is kí do goliyāṇ banáweṇ aur har ek golí chár páñch ghaṇṭe ke baḍ kám meṇ láweṇ jab tak kí alámatōṇ ishál shadíd meṇ ifáqá ho. Dard ko ek huqnah se do ounce cháwal ká pání jis meṇ tīn yá chár grain opium ghulí huí ho ifáqat ho saktí hai. Baḍ in ilájoṇ ke shikam par blister lágáe jáweṇ. Jab kí niháyat naqáhat ho adwiyah bitter marqumat-uz-zail ke dene se bahut fáidá hogah. Infusion of columba root ek ounce, compound tincture of cardamoms ek drachm, din bhar meṇ tīn dafa diyá jawe. Inqobáz chikneṇ julláboṇ se rafa ho saktá hai aur mucilaginou huqnoṇ se. Agar miqad par waram ho jáwe yá chhil jáwe to aḅ-í-goulard se dhoí jáwe aur hiddad o tezí mawád is hál se usí bazariah marham sádeh yá cold cream kí mahfúz rakh saktí haiṇ. Is binnárí ke ayám meṇ ghizá raqíq o muqawwí dení cháhiye, misl arrowroot, aur dúdh, aur solution of gum Arabic, aur cháwal, yá jou angrezí ká pání. Bimar ko lázim hai kí apne taṇ sardí se bacháwe aur apne shikam par do tīn tah flannel kí lapetí rakhe.

CHRONIC DYSENTERY; YANE ISHÁL KHÚNÍ.

Alámaten.—Wuh tap jo kí hálát-i-ishal shadíd meṇ rahtí thí kam hojáti hai, aur ek chand rozah táqat aur ishtáhá maḷúm detí hai magar yih ifáqá fareb dahindah hotá hai: maríz ko niháyat dard shadíd rodoṇ meṇ maḷúm hotá hai, aur aksar dast áise áte haiṇ ke zauf házmah se us meṇ súrat ghizá kí kam mutbaddil hotí hai, aur un meṇ kuchh qadre qalíl khún kí bhí ámezish hotí hai. Yih alámaten kuchh kuchh áre baḍ kam o zayádah hotí haiṇ, khwá wuh be ahtiyáti ghizá se hoṇ yá be ahtiyáti poshak se, khwá baghair kisi sabab muṇyan tá áñke áñtoṇ meṇ be tarkíb wáqá hotí

bloody, sometimes mixed with pus, or of offensive, ill digested fæces, the number of the evacuations varying from three or four to seven or eight a-day. The abdomen at the same time feels full and hard, without being very painful on pressure, the urine is high colored, and is passed with pain. The patient when in bed lies on his side, with the body much curved, and the lower limbs bent on the abdomen, to relax the muscles as much as possible. The pulse is feeble, intermitting, and generally slow, excepting towards evening, when some degree of fever occurs. The tongue is often bright and glossy, the skin is cold, sallow, dry and rough, the lips appear livid, emaciation proceeds rapidly, the feet and legs become œdematous, and ascites occasionally takes place, the patient sometimes becomes jaundiced, and finally after some weeks or months, dies from irritation and exhaustion. The odour from persons suffering from this disease is very peculiar, if once recognized it cannot be forgotten, it is very offensive and at the same time acid.

Treatment.—Should there be the slightest inflammation, it must be reduced by careful local and general bleeding, bearing in mind, that the strength of your patient has probably suffered severely, when treated for the acute form of the disease. The bowels should be carefully cleansed by oleaginous purges, and small mucilaginous clysters; blisters to the abdomen may be employed with advantage. Should there be no inflammation, astringents and tonics are indicated, either vegetable or mineral; should catechu and kino be of no avail, great benefit may be derived from the sulphate of copper or the sugar of lead in doses from one quarter of a grain, gradually increased up to three or four grains, either with or without opium, and given three times a day in form of a pill, and not on an empty stomach; should it cause sickness, it may be combined with small doses of prussic acid. Moderately stimulating and oleaginous frictions of the abdomen, the part being subsequently swathed in flannel, is occasionally found useful. Where there is reason to suppose that the rectum is ulcerated, various injections are employed with advantage. A weak solution of acetate of lead or sulphate of zinc, five grains of either, with two ounces of rice

hai, is hálát men ánw lahú ke dast áte hain baz auqát un men rím milí huí hotí hai yá mutáfan baráz ghizá ká milá huá nikaltá hai. Tadád daston kí mukhtalíf hotí hai, ek din ke ársah men tín chár daston se, sát áth daston tak ijábat hotí hai, aur is hálát men shikam pur aur sakht malúm hotá hai lekin dabáne se bahut dard nahín malúm hotá. Pesháb tez rang aur dard se átá hai. Maríz jab bistar par hotá hai karwaṭ se pará rahtá hai aur jism ko terhá rakhtá hai, aur hatt-ul-imkán wáste dhílá karne puṭṭhon ke take ke áza ko shikam par jhukáe rakhtá hai. Nabz bárík aur mutawaqqif hotí hai, aur aksar auqát sust aur áhistah chaltí hai, siwái shám ke, jab kí filjumláh tap hotí hai. Zabán aksar auqát surkh aur tábindeh hotí hai, jism sard aur zard aur khushk aur khurdará rahtá hai, lab níle hojáte hain. Lágharí jism kí jáld wáqa hotí hai. Pánw aur tángen phúl játi hain, aur baz auqát istasqá hojátá hai, aur baze waqt maríz ko yarqán hojátá hai, aur basabab irritation aur záil hone táqat ke marjátá hai. Is marz ke muhtaláon ke jism se ek khás bú áti hai jo kí agar ek dafa daryáft kí jáwe to farámosh nahín hosaktí, wuh bú bahut nágawár aur tursh hotí hai.

Maáljah.—Agar zara sá bhí waram ho, to wuh báahitiyát kam kiyá jáwe, tanqiyah khún khás yá áh se, magar yih bát malhúz rahe kí basabab maáljah ayám bímári shadíd ke maríz men táqat báqí rahí hai yá nahín. Rodah bhí báahitiyát o hoshyárichikne jullábon aur mucilaginous huqnon se sáf kí jáwe aur is súrat men shikam par blister lagáne se fáidáh hotá hai. Agar waram na ho to adwiyah qábiz aur muqawwí monásib hain khwá nabátáti hon, khwá mádaní. Agar catechu aur kino se fáidáh na ho to sulphate of copper yá sugar of lead se bahut fáidáh ho saktá hai aur maútád is dawá ke chaháram hissah grain se batadríj ziyádah kí jáwe, tín yá chár grain tak, khwá mai opium khwá baghair opium ke, aur is kí golí banákar tín dafa ek din men díjáwe, magar khálí medeh men nahín, aur agar isse kuchh jí matláwe to is ke sáth qalíl maútáden prussic acid kí shámil karen. Gúnah tahrík dená aur shikam par chiknáí malní aur uspar flannel lapetní baze mauqa par mufid pái gai hai. Jis súrat men qayás cháhtá ho kí káneh men zakhm ho gae hain, to mukhtalíf pichkariyon ke istamal se fáidáh hásil ho saktá hai. Ek khaffí solution, acetate of lead yá sulphate of zinc, bamiqdar páneh grain mai do ounce cháwal ke

water, has the effect of allaying irritation, whilst a solution of the sulphate of copper, or one of the corrosive sublimate, two or three grains of either, in two ounces of lime water, excites foul and sluggish ulcers to healthy action, and in many cases has effected a permanent cure. The diet should be entirely farinaceous, solid animal food, vegetables, and all stimulating matters being rigidly forbidden. Change of air, or a sea voyage, has frequently proved advantageous when all other remedies have failed.

Questions.

How many forms are there of dysentery ?

Describe the symptoms of the acute form of the disease ?

Name some of the chief causes that give rise to this disease ?

What treatment should you adopt in the inflammatory stage of the disease ?

When all inflammatory action has ceased, what treatment should you follow ?

Enumerate the symptoms of the chronic form of the disease ?

What treatment should you adopt at first in the chronic of the disease ?

If there should not be any inflammatory symptoms, what class of medicines are indicated ?

What diet should the patient have when labouring under this disease ?

DYSMENORRHEA; OR PAINFUL MENSTRUATION.

This disease may arise at any period of life at which the menstrual function is performed; it may exist from the time of puberty and cease on marriage; or the first attack may come on immediately after marriage, and last until the patient becomes pregnant; and in some cases it does not come on till after child-birth.

Symptoms.—At the menstrual period there is acute pain generally, which decreases as the discharge flows; the pain often resembles the grinding pains of the first stage of labor, in par-

pání ke asar sozish ká kam kar saktá hai aur solution of the sulphate of copper yá solution corrosive sublimate ká do yá tñ ounce, do ounce chune ke pání men kharáb aur derpá násúron ko mufíd hotá hai, balki baz hálaton men isse mutlaq sihat hásil hogáí hai. Aur cháhiye kí ghizá mutlaq raqíq o muqawwí ho, aur muqawwí ghizá misl gosht aur tarkáriyán aur tamám muharrik ghizáen batákíd mana kí jáwen. Tabdíl hawá aur safar daryá-i-shor aksar auqát bahut mufíd aur gayá hai, jab ki tamám aur iláj kárgar nahín hain.

Sawálat.

Kitnā qismen is bimárí ki áduáman munqisam hai, unke kám bryáu karó?

Álámaten shadíd sūrat is bimárí kí bayán karó?

Ásal báis jin se yih bimárí paidá hotí hai bayán karó band nám unke?

Kyá iláj ikhtiyár karná cháhiye is bimárí kí hálát-i-ánuá men?

Jab kí tamám amal iláj waram ke mauqíf ho chuke hain kyá iláj ikhtiyár karná cháhiye?

Činke batao álámaten shadíd sūrat is bimárí kí?

Kyá iláj tum ikhtiyár kar sakte ho ibtidá-i-bimárí ishál kohnah men?

Agar kuchh hálát waram nábaqí rahí ho to kis qism kí adwiyah ká istamál karná cháhiye?

Kis ghizá ká maríz ko istamál karná cháhiye jab kí wuh is árzah men mubtilá hai?

DYSMENORRHOEA; YANE BÍMÁRÍ HAIZ DARD ANGAIZ.

Jis waqt tak kí aurat ko haiz hotá rahtá hai, un auqát umr tak kisi waqt men unhen yih bimárí paidá ho saktí hai. Yih marz láhaq ho saktá hai ahad balúghatse, aur rafa ho saktá hai barwaqt katkhudái ke; yá pahlá hamlah bimárí ká á saktá hai sauran dan nikáh ke aur tá hámilah hone marízah ke rah saktá hai, aur baz hálaton men bimárí mazkúr nahín áyud hotí hai, jab tak kí aurat ke bachcha paidá nahín hotá.

Álámaten.—Áyám haiz men aksar dard shadíd hotá hai, aur jiun jiun khún i haiz járí hotá hai dard kam hotá játá hai. Yih dard aksar mushábah us dard ke hotá hai jo kí pahle darjah dard zeh

oxysms of short duration, and frequent occurrence. There is also, in the intervals, a constant aching pain down the legs, with a dragging sensation in the back and loins; there is sometimes also a sensation of bearing down in the pelvis with even an actual lowering of the womb. Occasionally there is a peculiar membranous substance expelled from the womb, consisting of coagulable lymph.

Treatment.—Immediately before the expected attack, the bowels should be opened by a mild purgative of castor oil, or a dose of Gregory's powder, or a warm water injection; the patient might also put her feet in warm water, or sit in a hip bath. At this time, should the pulse be full and frequent, the countenance flushed, and general plethora prevail, cupping on the loins, or by leeches to the pudenda or groins might be advisable, and the following draught be given, and repeated every hour or two according to the effect:

Tincture of opium, twenty drops.

Sweet spirits of nitre, forty drops.

Camphor mixture, one ounce.

Belladonna plaisters may be applied to the sacrum. Injections of warm rice water, containing two grains of belladonna or opium, may be frequently thrown into the vagina, or a clyster of the same kind may be employed. Suppositories containing two grains of opium are also useful at times.

The loins, pubes, and perineum should be frequently fomented with a warm decoction of poppy heads. Æther, assafoetida and ammonia, may be given at intervals to relieve the spasms. Hot gin and water will often subdue the pain. These medicines, however, should be very cautiously administered, should there be much heat of skin and feverish excitement. In the intervals of the menstrual periods, the general health should be regulated. Equal parts of steel wine and the compound spirit of sulphuric æther, half a drachm to one drachm each in a wine glass of the infusion of gentian or chiretta, may be given two or three times a-day. The bowels should be regulated by any mild purgative; moderate exercise is advisable. The diet should be nutritious, but not stimulating. Great benefit will be derived by the regular employment night and morning of cold water injections into the vagina.

men hotá hai, aur daurah is ká thore waqfah se hotá hai, aur aksar wáqa hotá hai. Aur is zimn men ek dard qáyam niche tángon ke bhí rahtá hai, aur píth aur kamar men ek kashish sí ma'lúm hotí hai, baz auqát pelvis, yane puá shikam men jhukáo ma'lúm detá hai balki bachchadán niche ko utar blí átá hai, baz auqát ek khás medeh chhlichhron ká sá riham men se nikaltá hai, aur wuh mushtamil hotá hai ek jannewálí ratúbat se.

Maqálah.—Qabal is ke ki hamlah bímárfí mazqúr kí umed ho, fauran ek halke julláb castor oil ke yá ek ma'utád Gregory's powder yá huqnah áb-i-garm se rodah khol diye jáwen. Mar'zah apne pánw ko garm pání men rakhe, yá tábakamar garm pání men baiṭhe, is waqt men agar nabz men imtlá aur surát ho, aur cheh-rah surkh aur ziyádatí khún kí ho, to kamar par pachhne lagáne yá sharmgáh aur chadḍon par jonken lagání munásib hongí, aur adwiyah marqúmat-uz-zail ek ek yá do do ghanṭe ke bad bamújib asar dawá ke dení cháhiyen.

Tincture of opium, bís qatrah,

Sweet spirits of nitre, chális qatrah,

Camphor mixture, ek ounce.

Ríh par pháýá belladonna ke lagáe jáwen. Pichkáriyán garm cháwal ke pání kí mai do grain belladonna yá opium ke aksar auqát anaq-ul-riham men dálí jáwen, yá ek huqnah usí qism ká kám men láýá já saktá hai, aur baze waqton men shayáf do grain opium ke bhí mu'fid hote hai.

Kamar aur muqám múezohár aur seewan cháhiye ki aksar garm joshándah se post ke dodon se senken. Bad iske wáste izálah tashannuj ke æther, híng aur ammonia kuchh kuchh fáslah waqt se dí jáwe. Garm gin sharáb aur áb i garm aksar dard ko rafa kar saktá hai, lekin in adwiyát ke dene men darsúrat-i-ki garmí jild aur tap mahsúh ho, to bahut ahtiyát malhúz rahe. Ayám haiz ke mábín men tamám jism kí sihat kí durustí blí karní cháhiye. Barábar juz steel wine aur compound spirit sulphuric æther ká nisf drachm se ek drachm tak har ek men se ek wine glass infusion of gentian yá chiretta men din bhar men do yá tén dafa diyá jáwe. Anten kisí halke aur muláyyam julláb se murattab aur durust kí jáwen. Filjumlal riyázat jismí bhí lázim hai, ghizá-i-muqawwí dení cháhiye, lekin muharrik na ho. Subah aur rát ko áb-i-sard kí pichkáriyon ke anaq-ul-raham men dene se bahut fáidah kiyá jáwegá.

Questions.

At what period of life does dysmenorrhœa generally show itself ?

What are the usual symptoms of the disease ?

What treatment should you adopt at the commencement of the disease ?

ENTERITIS: INFLAMMATION OF THE BOWELS.

Symptoms.—There is fever, deep seated pain, especially round the navel; pulse generally quick and sometimes hard, skin hot, great thirst, tongue generally red at the tip and edges, sometimes it is all red. If the upper portion of the bowels are inflamed, then there will be nausea, but if the lower portion, there will be pain in the iliac region and along the course of the colon, with diarrhœa. After some time, the abdomen becomes tympanitic, tormina are occasionally observed, this is when the colon is affected.

Treatment.—Copious general bleeding, and leeches to the abdomen, also warm fomentations and mild laxatives. When the abdomen is tympanitic, give turpentine clysters. In very acute cases, blisters will be of service, but generally the application of hot spirits of turpentine or mustard poultices should be preferred, which however must be removed before it produces vesication.

Questions.

What are the symptoms of inflammation of the bowels ?

What causes the nausea in enteritis ?

If there is pain in the iliac region, and along the course of the colon, what portion of the bowels will be inflamed ?

What treatment should you adopt ?

EPILEPSIA: EPILEPSY.

Symptoms.—Loss of sensation and consciousness with spasmodic contraction of the voluntary muscles, succeeded by convulsive distortions and stupor. The premonitory signs of an attack are, headache, giddiness, dimness of sight, ringing in the ears, the patient also feels a peculiar sensation of tremor or numbness, which begins at the extremity of a limb, and gradually ascends to

Sawálát.

Kis zamáne men umr ke árzah haiz dard angez paidá hotá hai ?

Kyá haín mashhúr alámaten is bímárí kí ?

Kyá iláj ikhtiyár karná cháhiye shurú bímárí men ?

Mábín ayám haiz ke kyá iláj honá munásib hai ?

ENTERITIS: YĀNE SOZISH UMĀ.

Alámaten.—Bukhár aur jamā huá dard khasúsan gird náf ke rahtá hai. Nabz men aksar tízí aur baz waqt salábat páí játí hai, jild badan kí jaltí rahtí hai aur piyás ká ghalbá hotá hai. Zubán kí nok aur donon ján bain aksar surkh rahtí haín, aur baz súraton men tamám zuban ká yihí hál hotá hai. Aksar úpar ke hisseh men umá ke warm hotá hai to us súrát men dil málísh karta hai, aur jis súrát men asfal ke hisseh men waram hotá hai to maqám daqqáq men aur us jagah jahán tak colon phailtí hai dard rahtá hai, aur is ke sáth shikam bhí járí hotá hai. Thore se ársah ke bad shikam phúl játá hai. Baz auqát dard umá bhí hotá hai, magar us súrát men jab ki colon men khalal howe.

Maáljah.—Lená khún ká khátir khwá bazariáh fasd aur lagáne jonkon ke shikam par aur bhí senkná aur dená halkí mulayyan adwiyah ká iláj hai, jis súrát men shikam phúlá huá howe to huqnah turpentine ká karen. Ilálat shiddat men lagáná blister ká muáfíd howegá, lekin aksar istámál garm spirits turpentine yá ráí kí poultice ká bahtar hai, magar usko bhí qabal uz paidá hone áblah ke dúr kar den.

Sawálát.

Kyá alámaten warm umá kí hotí haín ?

Kis sabab se is marz men dil málísh kartá hai ?

Agar dard muqám daqqáq men aur us jagah jahán tak colon játí howe, to konse hisseh umá men warm hotá hai ?

Kyá iláj karná cháhiye ?

EPILEPSIA; YĀNE MIRGÍ.

Alámaten.—Is bímárí men hosh hawás aur tamíz-o-shaúr men nuqsán á játá hai aur putthe jin ke sabab ádmí harkat kartá hai tashannuj ke sáth sukar játe haín, aur bad iske azá bashiddat kham khákar behoshí aur ghaflat tárí hotí hai. Awwal ásár is árzah ke dard sir aur daurán sir aur khírgí basárat aur rahná sansanáhat ká kánon men hotá haín. Maríz ko ek khas qism kí

the head, called "aura epileptica." The fit occurs suddenly, the patient falls to the ground, the body is convulsively agitated, the eyes are fixed and reverted, permanent contraction of the pupils, gnashing of the teeth, protrusion of the tongue, foaming of the mouth, laborious respiration, the pulse generally small; the fit lasts generally on an average about twenty or thirty minutes. After it is all over, the patient continues insensible in an apparently profound sleep, from which he recovers in an exhausted state, without any recollection of what has happened.

Treatment.—When the disease occurs in infants and children, and appears to be connected with dentition, lancing the gums, giving an emetic, then a brisk purge, with the occasional exhibition of aperients and absorbents, and paying attention to the diet and regimen, is what is required; where the disease seems to be caused by worms, give four drachms of the oil of turpentine, following it up with a dose of castor oil. When the disease occurs in females, and appears to be connected with the uterus, which is indicated by irregularity of menstruation, the employment of emmenagogues, the warm or hip bath, and stimulating clysters are to be recommended. When the disease appears to be connected with general plethora, determination of blood to the head, and the patient is young and robust, bleeding is indicated, either general or local; cupping between the shoulders, blisters to the nape of the neck, and regulating the bowels is to be adopted. Antispasmodics, such as camphor, musk, castor, valerian, opium, henbane or stramonium, should be administered before the attack. The nitrate of silver taken internally has been found efficacious, as well as the sulphate of copper, arsenic, and the oxyde and sulphate of zinc. Electricity and galvanism have been found sometimes very serviceable. The causes which give rise to epilepsy, are blows, wounds, fractures, and other injuries done to the head by external violence, together with lodgments of water in the brain, tumours, concretions, and polypi. Violent affections of the nervous system, sudden frights, fits of passion, great emotions of the mind, worms in the stomach or intestines, teething, or the suppression of any

thartharí, yá khún kí jo kí shúrú hotí haí, ek azu ke sire se aur batadríj chartí hai. Ghashí dafátan tári hotí hai aur maríz zamín par gir partá hai, jism maríz ká tashannuj ke sáth harkat kartá hai, ánkhen pathrá játí hain, aur putliyán chhotí ho játí hain, maríz dánt chabátá hai, zubán nikal áti hai, aur dam mushkil se áta hai aur nabz aksar bárík hotí hai, aur yih hálat ghashí aksar bís yá tís minute tak rahtí hai, aur bad guzar jáne in tamám hálaton ke bhí maríz behis-o-sharkat aur behosh rahtá hai, aur bazáhir aisá malúm hotá hai ki khwáb ghaflat men pará hai, aur is hálat se jab maríz hoshyár hotá hai to us waqt zauf tári hotá hai, aur jo kuchh us par guzrá hai us kí kuchh khabar us ko nahín hotí.

Maqiljah.—Jab ki yih bímárí bachchon aur larcon ko áyad hotí hai, aur aisá zahir ho ki basabab dant nikalne ke hai, to chír dená masúron ká, aur dená adwiyah muqai ká, aur bad izán dená ek juláb tez ká, aur kabhí istamál men lánú adwiyah malayyan aur jazib ká, aur khlíyál rakhná ghiza aur parhez ká, zarúryát se hai, aur jahán yih bímárí wáqa huí hai basabab kiron ke to chár drachm turpentine dewen aur bad iske ek maütád castor oil kí. Jab ki yih bímárí auraton ko áyad ho, aur aisá záhir ho ki wuh khalal raham se huí hai, jiskí alámat beqáida ke íjrái khún haiz hai, to istamál adwiyah dastá war garam paní se naháná yá garm paní men baithná aur huqneh tez dawá ke munásib hain, jab ki yih záhir ho ki bímárí mazkúr mutalliq hai ziyádatí khún se, aur thahar jane se khún ke sir men, aur maríz jawán aur farbah hai, to tanqiyah khás yá ám khún ká munásib tajwíz kiyá gayá hai aur lagána puchhnon ká darmiyán shánon ke, aur blister ká gardan par, aur tartíb rodah ikhtiyár kiyá gayá hai. Adwiyah dáfa tashannuj, misl camphor, musk, castor, valerian, opium, henbane, or stramonium qabal az hamlah bímárí ke dená cháhiye. Nitrate of silver aur sulphate of copper, arsenic, oxyde aur sulphate of zinc bhí kabhí kabhí, dená bahut mufíd pác gae hain. Electricity aur galvanism bhí aksar auqát bahut mufíd pác gae hain. Báis jo ki bímárí sarah ko paidá kartí hain wuh sadmát aur zaqhm aur tut jáná ustakhairán ká, aur aur qism kesabab jo kí báhar se sir par pahunché mai jama ho jáne pání ke dimagh men, aur warm aur injamád khún hote hain. Sakht amráz putthon ke yá dar jáná, dafátan, yá ghalbá gham-o-ghussah ka, yá bará josh-i-dil ká, yá honá kenchu-

accustomed evacuations. Sometimes it is hereditary, and at other times it depends on a predisposition arising from mobility of the sensorium, which is occasioned either by plethora or a state of debility.

Questions.

What are the symptoms of epilepsy ?

What are some of the premonitory signs of an approaching fit ?

What is the proper treatment for the different species of epilepsy ?

ERYSIPELAS.

This disease may be divided into three varieties, viz., the simple, the phlegmonous, and the œdematous.

Symptoms of the simple variety.—The inflammation attacks the skin, which is hot, red, smooth and shining, with tumefaction, and sometimes an effusion into the subjacent cellular tissue. The pain is pungent and burning. On the third or fourth day, vesications form on the surface of the inflamed skin. When the erysipelas evinces any disposition to change from one spot to another—"metastasis,"—it becomes necessary to carefully watch the state of the internal organs.

Treatment of the simple variety.—Aperient and refrigerant medicines are sufficient, diaphoretics and diuretics are also beneficial. If the extremities are affected, they should not be used, but must be kept in the horizontal position; in some cases leeches may be necessary, and warm fomentations. Should this form become erratic, bark may be given combined with diaphoretics and purgatives. If the disease be occasioned by suppressed perspiration, give diaphoretics, such as ammonia, antimony and camphor. If the head be not affected, an emetic, after the necessary depletion, restores the function of the liver and skin. Give calomel and James' powder at night, and on the following morning, the compound infusion of gentian and senna with a neutral salt.

Symptoms of the phlegmonous variety.—The inflammation attacks the skin, and the subjacent cellular tissue, and generally termi-

on ká medeh aur rodon men yá níkalne dánton ká, yá ruk jáná kisi mamúlí shai ká jo khárij hotí rahtí hai, báis is marz ká hotá hai. Baz auqát yih marz maurúsí hotá hai, aur baz waqt khálal sensorium se hotá hai jo khálal khwá ziyádatí khún yá kamzorí se howe.

Sawálát.

Kyá hain alámaten arzah sarah kí?

Kyá hain bazí pahlí alámaten qaríb ánewále ghash kí?

Kyá munásib iláj hain wáste mukhtalif qism sarah kí?

ERYSIPELAS.

Yih marz tín aqsám men munqisam ho saktá hai, yane sádah aur balghamí aur cedematous.

Alámaten qism sádah kí.—Sozish jild par wáqa hotí hai, jiske sabab wulí garm aur chikne aur chamakte amás ke sáth hotí hai, aur baz auqát darimiyán tale ke jild kí jhillí ratúbat ho játí hai. Dard tez aur sozish ke sáth hotá hai. Tísre yá chauthé din satah par jism ke jahán sozish hotí hai áblah nikal áte hain. Jis waqt yih arzah mailán intiqál ek muqám se taraf दूसरे muqám ke záhir kare to us hálát ko metastasis jánná cháhiye, aur khabargíri anda-rúní azá kí pur zarúr hai.

Maáljah qism sádah ká.—Adwiyah mulayyan aur dáfa harárat káfi hain, adwiyah arqáwar aur mudir bhí mufíd hotí hain. Agar háth pánw men yih arzah howe to unko harkat na den, aur phailáe hue sídhá rakhen. Bazí súraton men hájat jonkon aur senk kí bhí ho saktí hai. Agar yih marz ek jagah se दूसरी jagah daurne lage, to bárk bashamúl adwiyah arqáwar aur dastáwar ke de sakte hain. Darsúrat-i-ki yih marz basabab band ho jáne pasíne ke láhaq howe, to adwiyah arqáwar misal ammonia aur antimony aur káfúr ke dewen. Agar sir is arzah se mahfúz howe, to basabab dene adwiyah qaiáwar ke bad zarúrí tanqiyah ke jigar aur jild apne kámon par ámadah ho jáenge. Rát ke waqt calomel aur James' powder aur uske subah ko compound infusion of gentian aur senna ke sáth neutral salt ke dewen.

Alámaten qism balgham kí.—Sozish jild par aur uske tale kí jhillí aur rag-o-resnah men hotá hai, aur aksar us men píb par játí hai,

nates in suppuration; it is more frequent on the extremities than elsewhere; the accompanying fever is inflammatory. The redness of the skin is of a deep tint; at the end of four or five days vesications appear. Sometimes there is desquamation of the cuticle, the redness then declines, the skin assumes a yellow tinge, the swelling and fever gradually subside, and the disease then ends in resolution. Suppuration however is the most common termination, and not unfrequently gangrene.

Treatment of the phlegmonous variety.—This must be very active. Copious blood letting is absolutely necessary, especially when the face and scalp are affected. Local bleeding and cold lotions to the scalp are also useful. Active purgatives, antimonials, and refrigerating drinks, with strict abstinence, are the next means to be resorted to. The active treatment now recommended is only admissible for the young and strong, and at the commencement of the disease. When the patient is old or weakly, or in the latter stages of the disease, it will be necessary to support the system by quinine, ammonia, wine, cordials, &c. When suppuration and sloughing has taken place, and when pus is infiltrated through the subcutaneous cellular tissue, incisions are to be made to give it outlet; after the incisions, warm fomentations are to be applied, till the bleeding has ceased; a warm bread poultice should then be applied. Pressure by bandages will afterwards be useful in promoting the healing process. When during the continuance of erysipelas, symptoms of gastric irritation come on, and there be fulness of the pulse, and other marks of acute fever, bleeding and leeches to the epigastrium are indicated.

Symptoms of the œdematous variety.—This form of the disease generally occurs in weak constitutions, or in persons disposed to dropsical effusion. The skin is of a pale red colour, inclining to a yellowish brown, smooth and shining, but less hot and painful than in the two preceding varieties; there is an effusion of serum, the affected part pits on pressure, sometimes pus is mixed with the serum. The redness changing to a livid hue, and the pain ceasing, indicate gangrene. Erysipelas is most dangerous when it

aur aur muqámon ki nisbat háth pánw men ziyádahtar láhaq hoti hai, aur uske sáth bukhár muhtarqah hotá hai. Surkhí jild ki gahre rang kí hotí hai, barwaqt khatam hone chár yá pánch din ki áblah nikal áte hain. Baze waqt jab ki jild ki jhillí judí ho játí hai, to rangat jild kí zardí liye hue hotí hai, aur waram aur bukhár darjah badarjah ghat játá hai aur bad us ke marz zail hojátá hai, magar niháyat aksar yih hotá hai, ki anjám men píb par játí hai, aur bárhá muqám marz sarh bhí játá hai.

Maqílah qisam balyhamí ká.—Lázim hai ki iláj chustí ke sáth karen. Lená khún ká bakasrat niháyat pur zarúr hai khasús jab ki chehre yá khoprí par yih arzah howe. Lená khún ká muqám marz se aur rakhuá sard chizon men tar kíye hue kapre ká khoprí par bhí mufid hotá hai. Bad in murátib ke yih cháhiye ki tez julláb aur adwiyah antimonials aur refrigerant yane dáfa harárat dewen, aur niháyat saht parhez karwáwen. Yih saht ilaj jis ká abhí zikar huá hai siraf un logon ke wáste jáyaz hai jo ki jawán aur táqatwar hon, aur bímárí kí bhí ibtidá howe. Jis súrat men maríz umr rasídah yá natáqat ho yá marz akhír darjah men pahunch gayá ho to bahál rakhuá táqat jism ká bazariáh quinine, ammonia, wine, aur cordials yane musfarrehát waghairah ke zarúr hogá, jab ki pakáo wáqa howe aur zaḥm men chhichhre howen aur píb ristí ho, to paidá karná zaḥm ká wáste ikhráj ke zarúr hogá. Bad paidá karne zaḥm ke, zaḥm ko senkte raheñ táwaqte ke khún band na howe aur bad band hone khún ke rotí ká poltice banákar bándhen. Dabáná zaḥm ko bazariáh pattíyon ke silat bakhsh ne men mufid hogá. Agar darmiyan is marz ke alámaten gastric yane khalish medeh ki numáyán howen aur nabz men imtalá ho, aur alámaten bukhár shadíd kí páí jáwen to lená khún ká aur lagáná joken ká epigastrium yane fam medeh men munásib hogá.

Alámaten qism œdematous kí.—Yih arzah aksar unko láhaq hotá hai jo kí zaíf-ul-mizáj hote hain yá jinke badan men ratúbat bahut hotí hai. Jild badan kí zardí liye hue surkh aur zardí máyal bhúrí, chikní aur chamaktí huí hotí hai magar itní garm nahín hotí na itná dard hí hotá hai, jaisá ki pahlí donon qismon men bayán huá hai, muqám marz men ek ratúbat hotí hai aur dabáne se garhá partá hai aur baz auqát píb ke sáth gosht ká sádhowan milá huá hotá hai. Agar rang jild ká surkh se nilá, aur dard mauqúf ho jáwe to isse záhir hotá hai ki muqám

attacks the face and scalp, the danger arising from supervening inflammation of the brain or its membranes. In this form, there is some smart febrile indisposition for two or three days, then a redness appears on some part of the face from which it spreads over the entire face, forehead, scalp, and even further. There is swelling of the face, and particularly of the eyelids; there is also delirium, which is at first temporary, and afterwards constant, succeeded by drowsiness and coma; about the fourth day, vesications or desquamation of the cuticle comes on; in bad cases the cerebral symptoms increase, delirium becomes furious, or the patient becomes entirely insensible, and about the tenth or twelfth day, dies.

Treatment of the œdematous variety.—In this form, mild aperients, confinement to the horizontal position, warm fomentations, and in broken constitutions, tonics, such as quinine, cascarilla with soda or potass, camphor and wine are indicated. Pressure here also with bandages will be beneficial. Should the crysipelas terminate in gangrene, bark, wine and opium are to be given, and the bowels to be regulated by mild aperients. The nitrate of silver, either in substance or strong solution, will be found of the greatest service if thoroughly rubbed round the external circle of the inflammation, as it arrests the spreading of it, but great care must be taken that the circle is perfect, otherwise the inflammation will be sure to spread through the slightest opening.

Questions.

Name the different varieties of crysipelas.

What are the symptoms and treatment of the simple variety?

What are the symptoms and treatment of the phlegmonous variety?

What are the symptoms and treatment of the œdematous variety?

FEBRIS CONTINUA; CONTINUED FEVER.

Symptoms.—In the first or premonitory stage, there is lassitude and disinclination to exertion, mental or bodily, dull aching pains in the back and limbs, sometimes a dull headache, with giddiness

andar se sarh gayá hai. Yih marz us súrât men niháyat khatarnák hotá hai ki chehrah aur khopri par paidá ho, kyúñki dimágh yá uske pardon men sozish ájáne ká khauf hai. Is tarah ki is marz men do yá tñ din tak tez bukhar kí hurárat rahtí hai aur bad iske kisi muqám par chehrah kí surkhi numáyán hotí hai, aur wahán se tamám chehrah aur máthe aur khopri par balki isse bhí ziyádah phail játí hai, aur chehrah khasús áñkh ke papote súj játe hain, aur hiziyan bhí hotá hai jo pahle bader nahín rahtá magar ákhir ko har-waqt, aur uske bad ghanúdgí aur behoshí wáqa hotí hai, aur qaríb chauthé din ke áblah yá judá honá jild ká wáqa hotá hai. Dar-súrât niháyat bad qism ke hone is marz ke alámaten khalal dimágh kí ziyádah hotí hain, yane hiziyan men diwángí aur ghazab náqí páí játí hai, yá maríz bilkul behosh ho játá hai, aur qaríb das yá bárah din ke mar játá hai.

Maáljah.—Is tarah kí bímárí men istamál halkí mulayyan adwiyah ká aur sídhá pará rahná aur senkná, aur agar maríz zaíf-ul-mizáj ho to dená quinine, cascarilla ká hamráh soda yá potass, camphor yane káfúr aur wine ká munásib hai. Is mauqa par bhí dabána bazariyah pattiyon ke mufíd hai. Agar is marz men anjám kár muqám marz sarh jáwe to bark, wine, aur opium den, aur rodon kí tartíb balki adwiyah mulayyan se karen. Nitrate of silver khwá khushk, khwá tez ghulá huá niháyat mufíd páyá jáwegá agar ba khúbí gird sozish ke malá jáwe kyunki yih sozish ko taraqqí nahín karne detá magar iská bahut khiyál rahe ki koi jagah gird men chhut ná jáwe nahín to sozish zarási bhí jagah pákar phail jáwegí.

Sawálat.

Mukhtalif qismen marz erysipelas kí bían karo?

Kyá alámaten aur iláj qism sádeh kí hote hain?

Kyá alámaten aur iláj balghamí qism kí hotí hain?

Kyá alámaten aur iláj qism œdematous kí hotí hain?

FEBRIS CONTINUA, YANE TAP-I-DÁÍMÍ.

Alámaten.—Is árzah ke darjah awwal men sustí hotí hai, aur soch o fikar aur mahnat aur kám ko dil nahín cháhtá, aur dard khafíf pusht aur azá men rahtá hai, aur baz waqt filjumláah dard

and faintness, occasional chilliness, followed by slight flushes, pulse in general weak, small and intermitting. In the second stage, there is coldness of the surface, with shivering pains in the back, loins, and limbs, pulse still weak and intermitting, respiration irregular and laborious, sometimes interrupted by sighing and yawning, a white viscid coating on the tongue, the digestion very much impaired, bowels constipated or relaxed, urine pale. After this stage has lasted for some time, the chilliness is interrupted by slight and partial flushings of heat, till the entire surface of the body becomes warm. This is the commencement of the third stage. In severe cases of this stage, there frequently occurs irregular distributions of blood. When the head is the seat of this irregular distribution, the symptoms are, intense pain in the forehead and temples, and sometimes furious delirium. To these symptoms are added, wakefulness, either total or partial; eyes suffused with blood, intolerance of light, pupils either dilated or very much contracted, pungent heat of the surface, the external senses either depraved or preternaturally excited. Should the lungs be the seat of this irregular distribution, the symptoms are, lividity of the countenance and of the lips, voice husky and hoarse from the accumulation of blood in the larynx, which may also extend to the pharynx, and there produce some pain in swallowing, sense of uneasiness in the chest, dyspnoea, and some cough. Should the intestinal mucous membrane be the seat of this preternatural accumulation of blood, there will either be constipation or a relaxed state of the bowels, the evacuations, in the latter case, consisting of dark colored vitiated bile and mucus; abdomen hard, distended, and sometimes painful on pressure, more especially in the right iliac region; the sanguineous accumulation may extend up to the jejunum, stomach, liver, and spleen. In this stage the pulse is generally full and frequent, skin hot, dry, and red, and in some cases covered with exanthematous patches, chiefly about the neck, breast, and joints; the tongue is of a bright red color, becomes brown and dry along the medial line, which soon extends to the tip and edges. The urine is now high colored and clear. There is generally an exacerbation towards evening, and a remis-

sír sáth daurán aur zauf ke hotá hai, kabhí kabhí badan thandá hotá hai, aur bad iske garmí ke khashíf shuálah uñhte hain, nabz aksar zaíf aur bárik aur mutwaqqif hotí hai. Darjah doim men satah jism ká thandá hotá hai, aur dard larzah ke sáth pusht aur kamar aur azá men hotá hai, aur is hálat men bhí nabz zaíf aur mutwaqqif hotí hai, aur dam beqáidah aur diqqat se átá hai, aur baze waqt basabab áh i sard aur khamyázah ke ruktá hai, aur zubán par sufed chamaktá huá mail hotá hai, házmah bahut bigar játá hai, rodah munqabiz ho játe hain yá dhíle par játe hain, aur pesháb zard hotá hai, bad iske ki yih darjah kuchh muddat rahá ho to thandá rahná jism sáth gúnah shuálon harárat ke mauqúf ho játá hai, tá ánki bilkul satah jism ká garm ho játá hai. Ágház darjah soyam ká.—Is darjah kí sakht hálaton men aksar beqáidgí taqsím khún kí hotí hai, jis súrat men kí khún sir men se beqáidah taqsím hotá hai, to uskí alámaten yih hain ki máthe aur kanpaton men dard shadíd hotá hai, aur baze waqt hizyán khashamnák tári hotá hai, aur aláwah in alámaton ke bekhwábí bhí mutlaq yá jazwí hotí hai, ánkhen khún se surkh ho játí hain, aur mutahmil roshní kí nahín hotín. Putliyán ánkhon kí yá to barh játí hain, yá ghat játí hain, jild niháyat garm hotí hai, aur qawá-i-hawás zahirí men nuqsán ho játá hai, yá khiláf qáidah ziyádatí. Agar pheprah muqám is beqáidah taqsím ká ho, to alámaten uskí nílápan chehrah aur honthon ká hotí hain, basabab jamá ho jáne khún ke hinjrah men áwáz baiñh játí hai, aur agar yih khún taraf farynx yáne muriye ke rujú kare, to nigalne men filjumlá dard paidá hotá hai, aur sínah men bearámí malúm hotí hai, dam charhtá hai, aur gúnah khánsí hotí hai, agar antariyon ke luábdár pardah muqám is beqáidah jamá ho jáne khún ke hon, to yá to qabz rahegá yá rodeh dhíle par jáwenge, aur is pichhlí hálat men dast mushtamil hongé siyáh rang ke, ifasid sufráh aur ánw se shikam sakht aur taná huá rahegá, aur baze waqt dabáne se dard malúm hogá, khasúsan ziyádahtar dáhine nale men. Yih ijtamá khún ká phel saktá taraf jejunum yáne sáyam aur medeh aur kabad aur tihál tak. Is darjah par nabz aksar auqát mumatlí aur saríh hotí hai, aur jild garm aur khushk aur surkh rahtí hai, aur baze waqt us par dáne ho játe hain khasúsan qaríb gardan aur sínah aur bandon ke, zubán surkh aur tábandah hotí hai aur darmiyán-i-khat gan-

sion in the morning.

Treatment.—If at the early part of the disease, the congestion in the head, chest or abdomen be intense, and the patient's constitution warrant it, bleeding to the extent of twelve or twenty ounces should be employed; but if the disease has gone into the second stage, and the pulse, though frequent, is neither hard or very full, and the patient not be of a very vigorous habit of body, bleeding is not admissible. Should the head in such a case be the seat of congestion, it must be relieved by local blood letting, and by leeches applied to the forehead and temples; the head must also be shaved, and cold applications to it be employed. The same plan of treatment and the same limitations are to be observed when the thoracic viscera are the seat of congestion. When the respiration is laborious, and pain in the side is felt on taking in a full breath, bleeding must be freely employed, if not otherwise contra-indicated. Leeches should also be applied to the chest or side, until the symptoms are mitigated, and sometimes it will be necessary to apply them to the throat, when the larynx or trachea may be affected. In the early stage of the disease, five grains of calomel, five grains of James' powder, and ten grains of colocynth may be given at bed time, followed up in the morning with a brisk dose of salts and senna. The use of purgatives, if not otherwise contra-indicated, should be continued for the first three or four days, and then in ordinary cases, on alternate days. In order to diminish superficial heat, the body should be sponged frequently with cold water, or vinegar and water; this is only admissible when the skin is pungently hot and dry. The internal refrigerant medicines are, the neutral salts in small quantities, as nitre and cream of tartar, the acetate and citrate of ammonia. The common saline mixture may be easily made thus:

Epsom salts, one ounce.

Tartar emetic, two grains.

Sweet spirits of nitre, four drachms.

Water, twelve ounces.

dam gún aur k̄hushk bhí hē jātá hai, aur wuh rangat jald phailtí hai nok aur kináron tak, is hálát men pesháb niháyat rangín aur sáf hotá hai, aur is súrát men amúman shám ke waqt taraqqí marz, aur subah ke waqt takhíf o ifáqat hotí hai.

Maáljah.—Agar ibtidá-i-bímárí men sir yá sínah yá shikam men niháyat k̄hún jamá ho aur maríz ká jism bhí qábil is ke ho to fast kíjáwe aur bárch ounce se bís ounce tak k̄hún liyá jáwe lekin agar marz dúsre darjah par pahunchá ho aur nabzagarchi saríh holekin sakht aur bahut mumtaleh na howe aur maríz záf-ul-badan ho to fazz lení munásib nahín hai. Agar aisí hálát men sir muqám jamá hone k̄hún ká ho to tanqiyah k̄hás k̄hún ká karná cháhiye sáth lagáne jonkon ke peshání aur kanpañiyon par. Bál sir ke mund-wáne cháhiyen aur sard paññiyán sir par lagáwen. Yihí tadbír maáljah kí aur yihí qáiden malhúz rahen jab ki thorasic viscera yane sadar ke muqámon men jab ki jamá hone k̄hún ke ho : jab ki dam diqqat se átá ho aur púre dam lene men pahlú men dard malúm hotá ho, to beshak k̄hátir k̄hwá fasz lení cháhiye bashartíki kisi aur wajah se námunásib na ho. Jonken bhí sínah yá pahlú par lagáni cháhiyen jab tak ki alámaten marz kí kam hojáwen aur baze waqt lagáná jonkon ká gale par bhí zarúr hogá jab ki hinjre aur qasbat-úr-riyah men k̄halal ho. Awwal darjah bímárí men páñch grain calomel aur páñch grain James' powder aur das grain colocynth sone ke waqt dewen aur bad uske subah ko tez maútád salt aur senna ke. Istamál adwiyah mushil ká. Agar kuchh aur tadbír munásib na jání gaí ho jári rahe waste awwal tin yá chár din ke aur bad azán yih adwiyah bích rasme hálton ke ek din bích dekar kám men láwen. Wáste kam karne bálá-i-garmí ke jism aksar ábi sard yá sirke aur pání se nam kíyá jáwe, magari yih bít sirf us waqt munásib hai jab ki jild aksar garam aur k̄hushk ho. Andrúni sard karnewálí yane refrigerant adwiyát yih hain. Neutral salt bích mukhtasir maútádon ke misl nitre yane shorá aur cream of tartar aur acetate aur citrate of ammonia. Mushhúr namkín nuskhá ásuní se tayár ho saktá hai aur wuh yih hai.

Epsom salt, ek ounce.

Tartar emetic, do grain.

Sweet spirits of nitre, chár drachm.

Pání, bareh ounce.

Of this a wine glassful may be taken every six hours. For common drink, cold ice water may be allowed freely, or the imperial drink, made by dissolving a drachm of cream of tartar in a quart of water, and sweetening it. Free ventilation is of the utmost importance. Tonics or bitters should not be given till the tongue is clean and moist, and the skin cool. A little boiled or roasted chicken may then be allowed or a mutton chop. Great frequency of pulse and some headache often remain in fever patients, after all other symptoms are gone, these are the result of debility, they are to be remedied by improving the diet.

Questions.

How many stages are there in a case of continued fever ?

Describe the three stages as they generally occur ?

What treatment should you adopt in each stage ?

Is sponging the body with cold water admissible in all cases ?

When are tonics and bitters to be given ?

What effects often remain in fever patients, after all other symptoms are gone, and how is this state to be remedied ?

FEBRIS INTERMITTENS; INTERMITTENT FEVER.

The species or types of intermittent fever are quotidian, tertians, and quartans, though very rarely a quintan, sextan, septiman or deciman may be met with, and still more rarely, a double tertian and octavan; these latter types are called "erratica," as the disease wanders out of its usual course.

Symptoms.—The fit or paroxysm of an intermittent commences with a sense of fatigue, dull muscular pains, particularly at the back and loins, a sense of chilliness, a sensation as if cold water was running down the back; this is followed by a creeping sensation over the surface of the body, with an erection of the papillæ of the skin. When this state has lasted some time, there are distinct shiverings; the face and limbs become shrunk, and the entire skin contracted. There is a dull heavy pain of the head, the mind becomes stupified, the sensations all depraved; loss of appetite, nausea; the pulse in general is small and frequent, res-

Is men se is ká ek bhará huá wine glass maríz har chhah ghanṭe bad pí saktá hai. Wáste har waqt ke píne ke sard barf ká pání beshak diyá jáwe, yá ek drachm cream of tartar ek botal pání men milákar aur shírín karke dewen bích ek botal pání ke. Baḡhúbí hawá dení niháyat zarúr hai aur táwaqte ki zubán bilkul sáf na howe to istámal adwiyah tonic yá bitter na karen: Ním josh diyá huá yá bhuná huá chúzeh murgh yá mutton chop dená munásib hai. Aksar tezí-nabz aur sir dard tap ke maríz ko jab ke tamám aur alámaten rafa ho játi hain maḡlum huá kartá hai to wuh babáís naqáhat yá kamzorí ke hotá hai to un ká iláj siraf ghízá-i-muqawwí hai.

Sawálat.

Kitne darje tap-i-dáirai ke hote hain?

Bayán karo wuh tín darje jo ki amúman wáqā hote hain?

Kyá iláj ikhtiyar karoge bích tín mukhtalíf darjon ke?

Kyá nam karná jism ká ṭhande pání se sab suraton men munásib hai?

Kab adwiyah muqawwí aur talḡh díjāwen?

Jab ki tamám aur alámaten játi rahen marízán tap men kiyá aksar rahjáte hain aur is ká iláj kyunkar kar sakte ho?

FEBRIS INTERMITTENS; TAP-I-NAUBAT.

Qismen, yá alámaten tap hác naubat kí yih hain, tap har rozah, tap sah rozah, tap rubch, aur agarchi tap panj rozah, aur tap shasha rozah, aur tap haft rozah, aur tap dah rozah bahut kam hotí hain, lekin yih bhí hotí hain aur har chand niháyat kam, lekin tap sah rozah, aur tap hasht rozah aisí bhí deklane men áti hain ki din men do mártabah áwen, yih ákhír qism ke bukhár gháir taiyun kahláte hain, kyonki apne mamúli tariq se báhar ho játe hain.

Alámaten.—Bárá kí tap kí naubat kí shurú hotí hai, maḡlúm honá sustí aur kḡhafíf dard rag-o-praṭhe aur kḡhasusan dard pusht aur kamar, aur sard hojáne jism se aisá maḡlúm hotá hai ki goyá ṭhandá pání pusht se níche ko daurtá hai, aur bad iske aisá maḡlúm hotá hai ki koí jánwar badan par rengtá hai aur rongṭe badan ke kḡhare hojáte hain. Bad kuchh der rahne is hálát ke badan men ek saf larzah hotá hai, chehrah aur tamám azá sukar játe hain, aur tamám post khinch játá hai. Sir men dard hotá hai, dil mutwahish aur pareshán aur hawás tamám kḡharáb ho játe hain, ishtahá sáqit aur málish dil hotí hai, nabz aksar bárák aur

piration hurried and laborious, yawning, tongue white, mouth clammy, urine limpid, bowels torpid. Two hours is the average duration of the *cold* stage. The *hot* stage sets in with transient flushes of heat, which subside and re-appear, till at length the hot stage becomes permanently established; according as the hot fit comes on, the color of the skin becomes red, and sometimes turgid. The patient is very restless. The dullness and obtuse headache of the first stage is succeeded by acute and throbbing pains of the head; there is increased sensibility, respiration freer, but hurried and anxious; pulse strong, hard, and frequent; tongue furred with a brown coating and dry towards the centre; intense thirst, and often vomiting; urine high colored but clear, bowels still torpid. After this state has lasted for some time, a perspiration breaks out, first on the forehead, which ultimately becomes general and profuse; all the distressing symptoms of the preceding stage are now relieved. The functions of respiration, circulation, &c., are restored. The kidneys now secrete urine, which contains more than its ordinary quantity of salts, so that on cooling it yields a copious lateritious sediment; the tongue becomes nearly clean, and if the case be recent, the natural expression of countenance is restored; if it be one of long standing, the intermissions are not marked by so perfect a return to health.

Treatment.— If the case be recent, and the general health of the patient but little impaired, after the bowels have been well opened with five grains of calomel and thirty of jalap or kalladana, commence at once giving quinine, which is to be repeated every two or three hours during the intermission; but in natives I always try kutkarinja before giving quinine. “I can strongly recommend the following febrifuge pills, having administered them in hundreds of cases to natives; kutkarinja bruised three grains, black pepper one grain, assafoetida one grain. Two of these pills to be given three times a day during the intermissions.” Some prefer giving eight or ten grains of quinine, with a full dose of laudanum immediately before the paroxysm. Other astringent

sarīh hotī hai, tanaffus tez aur bojhal hotā hai, jamāhiyān átī hai, dahan luābdār, aur zubān sufed, aur peshāb sáf o shafáf, aur rodah afsúdah ho játe haiñ. Mutwasat waqt rahne larzah ká do ghanṭe haiñ. Darjah garmí ká shurú hotā hai sáth nápáedār shuālon garmí ke jo ki kam ho játe haiñ aur phir zāhir hote haiñ jab tak ki ákhir ká darjah garmí ká qayám pakar játā hai, aur jis qadar garmí átí játí hai rang jild ká surkh hotā játā hai, aur bāze waqt us men amás sá bhí hotā hai. Maríz bahut beqarār rahtā hai. Bad sustí aur dard-i-sir khafif darjah awwal ke-dard-i-sir shadíd shurú hotā hai, aur ghaflat pahlí sí nahín hotí, aur pahle kí nisbat dam zará ásání se áne lagtā hai, lekin jald aur muztarib. Nabz qawwí aur saḡht aur sareh, aur zubān khārdār hotí hai, aur us par gandum gún mail jam játā hai, aur bích men khushk hotí hai, tishnagí ghálib, aur aksar istafrāgh hotā hai, peshāb niháyat rangín lekin sáf hotā hai, aur rodah is hál men bhí afsúdah rahte haiñ, bad rahne is hálát ke kuch ārsah tak pasíná awwal peshání par numáyān hotā hai, aur bad azán tamám badan par khul kar átā hai, aur us waqt tamám alámaten taklíf dihandah hálát sábiq kí rafa ho játí haiñ, aur sáns aur danrah khún waghairah hálát aslí par á játā hai, is mauqā par gurdon men peshāb paidá hone lagtā hai, aur us men nisbat mamúl ke ziyādah shoriyat hotí hai, is qadar ki agar usko ṭhandá karen to us men bahut sá dard baith játā hai, zubān sáf sí ho játí hai, aur agar yih ārzah jadíd ho to súrat chehrah kí bahyyat aslí ájátí hai, aur agar bímárí muddat kí ho, to hálát waqfa men koí alámat bilkul sihat ke hásil hone kí nahín páí játí.

Maāljah.—Agar yih marz thore dinon ká ho aur ām sihat men maríz kí kisi tarāh ká bahut nuqsán na ho to bad kholne antariyon ke bazariāh páñch grain calomel aur tís grain jalap yá káládánah ke dena quinine bilá tawaqqúf shurú karen aur isko do yá tñ ghanṭe ke bad bar waqt na hone bukhār ke dete rahen. Main tákid se salah detā hūñ dene hab hāi dáfa bukhār marqumat-uz-zail ke jo ki saikron Hindustání marizon ko dí gaí haiñ katkaranjá yane karanjwa tñ grain, siyah mirch ek grain, hing ek grain, ek yá do in goliyon men kí din bhar men tñ waqt dí jáwen. Bāz tabīb denā katkaranja ká bamiqdār áth yá das grain quinine ke hamrah ek púrí maṭad laudánum ke qabal az shurú hone daureh bukhār ke bahtar jánte haiñ aur quinine is dawá se pahle nahín dete. Aur

barks have also been given in ague. Narcotine has been highly extolled. The metallic tonics also, as the sulphates of copper, iron and zinc ; the liquor arsenicalis or "Fowler's solution" has succeeded in cases where other means have failed. Should the case however be one of long standing, and have injured the functions of the several important organs, particularly those of the abdomen, should there be tenderness of the hypochondria, sluggishness of the bowels, muddiness of the skin, yellowness of the conjunctivæ, the urine depositing a lateritious sediment, even during the intermission, before giving the quinine, the bowels must be well cleaned out, and the liver and intestines must be stimulated to a healthier action. The diet during the intermission should be light and nutritious. With respect to the treatment during the paroxysm, at the *commencement* of the fit, some recommend an emetic, some a purgative, some the warm bath, and others, the free use of the lancet during the cold stage, a stimulating draught of camphor mixture with æther and opium, bland warm drinks should be given, nothing better than plain barley or congee water. In the *hot stage*, some of the bed clothes should be removed, and cooling drinks be given, such as lemonade, or the common imperial drink: the patient may be sponged all over with cold water and vinegar, or he may have a couple of mussocks of cold water poured over him, and then be well dried. Antimonial wine or powder may be given every two or three hours, whilst the heat lasts. When there is violent reaction, blood-letting is necessary. In the *sweating stage*, no medicines are necessary, but the greatest care must be taken that the patient is not suddenly chilled.

Questions.

Describe the different species or types of intermittent fever?

Describe the symptoms of the three stages in succession, as they usually occur?

In a recent case of intermittent fever, what treatment should you adopt?

qism ke astringent barks, yāne qābiz chhālē bhī tap larzah ke naubat men dī gāī haiṅ. Narcotine yāne adwiyah muskarāt bhī is marz ke liye nihāyat pasand kī gāī haiṅ. Mādanī adwiyah muqawwī bhī misl sulphate of copper, loha aur zinc, ke pasundideh haiṅ, liquor arsenicalis yā Fowler's solution aksar marizon par mufid parā hai, jahān ki aur ilāj qāsir rahe haiṅ. Agar marz derīnah ho gayā ho aur us ne aksar azāe raīsā kī tāqaton ko ghaṭā diyā ho kḥasūsan quwwat shikam ko, aur agar hypochondria yāne kokh men amāo aur ānton men sustī aur tīrgī jild aur zardī conjunctivæ men ho, aur peshāb men ek dard bhī baithā ho, darāṅhālīki bukhār bhī na ho to qabl az dene quinine ke rodon kā sáf karnā zarūr hai, aur kabid aur ānton ko aisī tahrīk deṅ ki apnī harkat basihat o durustī karne lagen, aur darmiyān waqfah is bīmārī ke mariz ko ghizā mulāyam aur muqawwī denā munāsib hai, balihāz maāljah ke āghāz naubat men bāze tabīb adwiyah muqawwī aur bāze mushil aur bāze garm pānī se ghusl aur bāze ziyādatī se lene kḥūn ko darmiyān darjah sardī ke munāsib jānte haiṅ, bāze ek mufarrih jarāh camphor mixture shāmil o sāth æther aur opium ke tajwīz karte haiṅ. Latīf garm pīne kī chīzen denī chāhiyen, kuchh chīz bihtar nahīn hai banisbat āsh ijau yā chāwal ke pānī ke. Darjah garmī men kuchh kapṛe bistar ke haṭā diye jāweṅ, aur ashurbah bārid dī jāweṅ misl sharbat limon yā us sharbat ke jo bantā hai. Mariz kā tamām jism bazariāh sponge nam kiyā jā saktā hal āb i sard aur sirke se, yā uske ūpar do mashken āb i sard kī chhoren, aur bad iske uskā jism baḥhūbī kḥushk karen. Antimonial wine yā antimonial powder do do yā tīn tīn ghaṇṭe bad de sakte haiṅ jab tak ki garmī rahe. Jab ki marz basakhtī dobāre aud kare to kḥūn lenā zarūr hai. Bīch darjah pasīnah ke adwiyāt kī kuchh zarūrat nahīn, lekin nihāyat ahtiyāt malhūz rahe ki mariz dafatan ṭhaṇḍā na ho jāwe.

Sawālāt.

Bayān karo mukhtalif aqsām aur alāmaten tap-i-naubat kī ?

Bayān karo alāmaten un tīn darjon kī batartīb jis tarah ki wuḥ aksar wāqā hotī haiṅ ?

Agar tap naubat thore dinon se ātī ho to kyā ilāj karen ?

If the disease should be one of long standing, and the functions of the most important organs deranged, what should you then do?

FEBRIS REMITTENS; REMITTENT FEVER.

Symptoms.—The paroxysm of remittent fever commences with symptoms very like those of intermittent fever, viz., languors, lassitude, depression of spirits, a feeling of cold running down the back, and dull pain in the head: to these symptoms soon succeed delirium, nausea, vomiting, generally of bilious matter; sense of pain at the epigastrium and hypochondria; symptoms of pulmonary congestion, as dyspnœa, with a feeling of oppression at the chest, and some cough, a livid color of the countenance; pulse, and heat of the skin very variable, sometimes frequent and full; at other times, even during the delirium, it is little above the natural standard. The tongue is never natural, at first it is white, afterwards becomes dry in the centre, and at length its entire surface becomes covered with a dry fur; it sometimes puts on a glazed and red appearance. The urine is generally high colored, and deposits occasionally a lateritious sediment. The remissions generally occur in the morning, and in general, the principal exacerbation occurs towards the evening, which continues for the principal part of the night. To distinguish intermittent from remittent fever, should you find a *perfect* intermission, it is ague: if it be *imperfect*, it is called remittent fever.

To distinguish remittent from hectic fever; hectic fever is accompanied by obvious suppuration and a florid hue, entirely different from the livid or sallow hue of remittent fever. Remittent fever is characterized by a yellowish skin, nausea and sickness, sense of weight at the pit of the stomach, thick fur on the tongue, and a lateritious sediment in the urine, whereas in the hectic fever, the sediment is of a pink colour: the violent delirium so common in remittent fever, is very rare in hectic.

Treatment.—In the early stage of the disease, when the pulse is full and strong, the skin burning hot, the eyes suffused, coun-

Agar yih bímárí muddat ki ho aur quwwat azái ráisah zái ho gaí ho tab kyá karná cháliye ?

FEBRIS REMITTENS; YANE BÁRÍ KÍ TAP.

Alámaten.—Naubat tap-i-remittent kí shurú hotí hai sáth alámaton ke jo ki bahut mushábah hotí hain, intermittent fever, yane tap-i-naubat se, yane naqáhat aur kasal-i-azá aur sustí-i-hawás aur malúm honá sardí ká utarte hue pusht par aur khafíf dard sir. Bad in alámaton ke fauran hiziyan aur malish-i-dil aur istafaragh sufrah ámez aksar hotá hai, aur malúm honá dard ká epigastrium yane bálái medeh aur hypochondria yane zer kokh. Alámaten balghamí ijtamá-i-khún kí phepre men misal charhne dam ke, aur malúm honá tangí ká sínah men, aur filjumlá khánsí aur nílgún honá chehrah ke rang ká, nabz aur harárat jild kí bahut badaltí rahtí hai, nabz báze waqt tez aur mumtalí, aur báze waqt hálát hiziyan men bhí hyyat aslí se kuchh hí ziyáda hotí hai. Zubán kabhí hálát-i-aslí par nahín hotí, pahle wuh sufed hotí hai, bad izán wast men khushk ho játí hai, aur ákhirkár uske tamám satah khushk kánton se chhip játá hai, aur báze waqt uskí rangat chamaktí huí aur surkh ho játí hai, pesháb aksar niháyat surkh hotá hai, aur kabhí kabhí usmen ek dard jamtá hai ifáqah is marz men aksar subah ke waqt wáqa hotá hai, aur ziyádatí amúman shám ke waqt hotí hai, aur yih ziyádatí-i-marz bahut rát gae tak rahtí hai. Shanákht intermittent yane tap-i-naubat aur remittent fever ki yih hai, ki agar ifáqah bad bukhár ke kámil ho to usko tap larzah kahte hain, aur agar ghair kámil ho to wuh tap-i-remittent kahlátí hai.

Aur farq darmiyan tap-i-remittent aur hectic fever, yane tap-i-diq ke yih hotá hai ki tap-i-diq sáth záhirá pakáo aur surkhí ke hotí hai bilkul mukhtalif rang nílgún yá zard rang tap-i-remittent se. Tap-i-remittent men jild badan kí máyal bazardí hojátí hai, aur malish-i-dil aur mándgí aur malúm honá siqalát ká fam-i-medeh par aur hajúm kánton ká zabán par aur baithná durd ká pesháb men hotá hai, bar-khiláf iske ki hectic fever yane tap-i-diq men rang durd ká náfarmání hotá hai, aur sakht hiziyan jo ki aksar tap-i-remittent men hotá hai tap-i-diq men bahut kam hotá hai.

Maqljah.—Awwal darjah men is bímárí ke jab nabz mumtalí aur qawí hotí hai, aur jild garam jaltí huí aur ápkhen munshir, aur

tenance flushed, intense pain in the head, immediate and full venesection is indispensable ; should the first bleeding make no impression on the pulse, it should be repeated in eight or ten hours. Should you not have seen the patient till after the third or fourth day of the disease, the greatest caution must be adopted with regard to bleeding. Local bleeding by cupping or leeches will always be proper ; when there are symptoms of congestion or inflammation, the blood is to be taken from the vicinity of the organ affected. This should be followed up by copious purging, a powder of calomel and jalap being one of the best you can give. If the disease still appears disinclined to yield, the mercurial plan must be adopted without delay, but further bleeding is generally unnecessary and hurtful. Five grains of calomel, with or without opium according to the state of the stomach and bowels, are then to be given in a little syrup or jelly, and repeated every two or three hours, according to the urgency of the symptoms, and the degree of danger apprehended. Thirty or forty grains have generally produced salivation ; when this happens, all alarming symptoms disappear. A saline effervescing draught, with eight or ten minims of tincture of henbane, is very efficacious in allaying the distressing sickness. Sponging the body with cold water and vinegar is useful in allaying the pungent heat of the skin. Cold applications also to the head, if there should be heat or pain there, will afford great relief ; a bladder filled with pounded ice is the most convenient form. During the febrile state, the diet must be restricted to the lightest and most cooling diluents, such as ice water, tamarind tea, lemonade, &c.

During convalescence, and after recovery, strict attention to the bowels and the diet, must be paid ; change of air, mild tonics, and light nutritious food, are of the utmost importance.

Questions.

Describe the symptoms of remittent fever ?

How do you distinguish remittent from intermittent fever ; and remittent from hectic fever ?

In the early stage of the disease, what is the proper treatment to be followed ?

chehrah tamtamáyá huá aur dard-i-sir shadíd to fauran achchí tarah khún lená zarúriyát se hai, aur agar pahlí fasd kuchh asar nabz ki tezí par na kare to áth yá das ghante bad mukarrar fasd líjáwe. Agar tum ne maríz ko bad láhaq hone bímárí ke tîn yá chár din tak nahín dekhá hai to barí ihtiyát malhúz rakhní cháhiye baliháaz fasd ke. Tanqiya khas pachhno yá jonkon se hameshah munásib hogá, aur jab ki alámaten jama hone khún yá sozish kí namúdar hon to us azu ke qaríb se jis men khalal ho khún lená cháhiye aur bad iske bare bare julláb diye jáwen, ek powder calomel aur jalap ke niháyat bahtar hai. Agar isse bhí marz ko ifáqat na ho to bilá tákhír dená páre ká ikhtiyár karen, lekin ziyádah barín khún lená aksar auqát muzhir hai. Is súrat men páñch grain calomel hamráh opium yá baghair opium hasb hálat medeh aur rodon ke thore se shírah yá jelly men diyá jáwe aur bamújib zarúrat alámaten aur darjah andeshe ke do do, tîn tîn ghante bad yih dawá mukarrar aur mutawátir dewen. Tís yá chálís grain dene se aksar munh ájátá hai, aur jab ki yih wáqa hotá hai to tamám alámaten bad rafa hojátí hain, ek saline effervescing yane ek namkín urnewálí maútád sáth áth yá das qatrah tincture henbane ke waste kam karne taklífát árzah ke bahut asar rakhtá hai.

Sponge karná jism ká áb-i-sard aur sirka se wáste kam karne harárat shadíd jild ke bahut mufíd hai, aur agar sir men garmí aur dard malúm hotá ho to sard chizon ká sir par lagáná bhí bahut tiskín detá hai ek phukná bhará huá kúte hue barf ká niháyat munásib tarkíb hai. Darmiyán darjah harárat ke cháhiye ki ghizá niháyat darjah kí sard karne wáli raqíq chízon ke ho misl áb-i-barf aur áb-i-tamarind yane imlí aur sharbat límon wághairon ke. Asnáí naqáhat men aur bad sihat yábí ke rodeh aur ghizá kí taraf niháyat tawajjah malhúz rahe; tabdíl-i-hawá aur halkí adwiyah muqawwí aur subuk táqat bakhsh ghizáen niháyat fáidahmand hoti hain.

Sawálát.

Alámaten tap-i-remittent ki kyá hain?

Kis tarah tamíz karte ho darmiyán tap-i-remittent aur tap-i-naubat ke, aur darmiyán tap-i-remittent aur tap-i-diq ke?

Ibtidáe darjah bímárí mazkúr men konsá iláj munásib amal men láná cháhiye?

Should you not have seen the patient till after the third or fourth day, what should you then do ?

What effect has salivation on the patient ?

FEBRIS TYPHOID; TYPHUS FEVER.

There are two varieties of typhus, the typhus mitior or mild form, and the typhus gravior, or malignant form.

Symptoms.—At first the patient is seized with languor, dejection of spirits, great debility and loss of muscular strength, universal weariness and soreness, pains in the head, back, and extremities, rigors, the eyes appear full, heavy, yellowish, and often a little inflamed; the temporal arteries throb; the tongue is covered with a brownish coloured mucus, which soon becomes dry and parched, the proper taste is lost, the respiration is commonly laborious and interrupted with deep sighing, the breath is offensive and hot, the bowels costive; the urine natural or pale, the pulse is frequent, small, hard and fluttering, the slightest thing causing it to become very rapid and unequal. There is sometimes a great load, feeling of heat and oppression of the stomach, and frequently bilious vomitings. As the disease advances, the pulse increases in frequency. There is now great debility, and great heat and dryness of the skin, oppression of the heart, with anxiety, sighing, and moaning; the thirst is generally moderate, and the tongue, gums, teeth, mouth and lips are covered with a brown or blackish fur; the speech becomes inarticulate, scarcely intelligible, the patient consequently mutters, and is mostly very delirious. The fever continuing to increase still more in violence, symptoms of putrefaction show themselves; the breath becomes highly offensive, the urine deposits a black and fœtid sediment, the stools are dark, offensive and pass involuntarily; hæmorrhages issue from the gums, nostrils, mouth, and other parts of the body. Purpuræ or livid spots appear on the body, the pulse intermits and sinks; the extremities become cold, hiccough ensues, and the patient dies.

Treatment.—At the commencement of the disease, if the patient should be of a full habit of body and young, bleeding from the arm in a full stream until fainting is produced, will afford

Agar tum ne maríz ko tūn yá chár din bad tak nahīn dekhá hai tab tum ko kyá karná cháhíye?

Kyá asar rakhtá hai áná munh ká maríz par?

FEBRIS TYPHOID ; YANE TYPHUS FEVER.

Tap-i-typhus kí do qism hotí hai, yane typhus k̥hafíf aur typhus shadíd.

Alámaten.—Maríz par awwal sustí aur udásí aur nátawání aur nuqs-i-quwáe rag-o-puṭhe, aur dard, aur mándgí tamám azái ke, aur dard sir, aur dard kamar, aur dard dast-o-pá, aur larzah tárí hotá hai, áñkhen bharí huí, aur bhári, aur zardí máyal, aur aksar sozish álúd ho játí hai, aur shiryán sudagh dharaktí hai, zubán sáth ek bhúre se rang ke luáḅ ke dhak játí hai, jo luáḅ ki jald k̥hushk ho játá hai záiqah munh ká bigaṛ játá hai, dam aksar diqqat se átá hai aur uske sáth maríz áh sard bhartá hai, aur sáns búdar aur garam hotá hai, ánten munqabiz, pesháb bahálat-i-aslí yá zard, nabz saríh aur bárík aur saḁht aur muztar hotí hai, halkí sí halkí chíz use tezrau, aur muztar, aur náhamwár kar detí hai. Is marz men maríz ko aksar auqát bará bár rahtá hai aur badan men h̥ararat aur bojh sá maḁlum hotá hai, aur pit ámez qai áti hai. Jon jon bímárí barhtí hai, súrat nabz kí ziyádah hotí játí hai. Is hálát men maríz ko barí nátawání ho játí hai, aur barí garmí aur k̥hushkí jild kí aur dil par fikar, aur taraddud, aur áh sard aur gham se bará sadmá guzartá hai, pýás aksar atidál par hotí hai, aur zubán, aur masúre, aur dánt, aur munh, aur honṭon par, bhúre yá siyáhí máyal k̥hár ho játe hai, aur maríz alfáz jo ki mushkil se samajh men áwen boltá hai, aur islíye barhbarhátá hai, aur aksar usko niháyat hízýán hotá hai, aur jab ki tap ziyádahtar saḁht ho játí hai alámaten sarh jáne kí záhir hotí hai, dam niháyat mutaaffin ho játá hai, pesháb men ek siyáh aur badbúdar durd baiṭhtá hai, aur dast siyáh aur badbú ke hote hai, aur k̥hud baḁhud nikal játe hai, aur masúron, aur nathnon aur munh aur ajzái jism se k̥hún járí hotá hai. Níle dhabbe jism par záhir ho játe hai, nabz mutuwaqqif aur niháyat zaíf ho játí hai, háth páwn sard ho játe hai, hichkiyán shurú ho játí hai, aur maríz mar játá hai.

Maáljah.—Ibtidái bímárí mazkúr men bashartíki maríz tawáná aur jawán ho, k̥hún ká lená bázú se jab tak us par zauf o ghashí áyad ho bahut mufíd hogá, lekin nátawán jism marizon ke liye

great relief, but this treatment is not proper in impaired constitutions, or in any stage of the malignant form. This should be followed up by an emetic, an opiate, and a cordial diaphoretic; pouring cold water over the head and body from a height has often checked the disease at the commencement, but this remedy should not be used after the first three days, as it is too exhausting. The bowels ought to be moved by castor oil or Gregory's powder, in order that no acrid matter may be lodged in them. The surface of the body should be frequently sponged with cold water and vinegar. Should there be tendency to any local inflammation, this must be reduced by the judicious use of leeches, blisters, and spirituous lotions, after which the sulphate of quinine should be administered, according to the strength of the individual. Acids of all kinds and acidulous drinks are of great use in typhus, as they allay the heat, tranquillize the restlessness, support the strength, and oppose the tendency to putrefaction. Wine must be given with the greatest caution, and the quantity gradually increased, otherwise the stimulus would produce exhaustion, and increased torpitude. Great attention must be paid to the state of the bowels; when sufficiently evacuated, broth and jellies may alternately be allowed: his bed clothes should be light and frequently changed as well as his body linen: his evacuations of every kind should be immediately removed, and above all things, his bed-room be freely ventilated, and if the patients be numerous fumigation with chlorine gas should not be neglected. As the disease is of a highly infectious character, the individual affected should be removed from his family or associates, as soon as possible, and all communication with his attendants to be as little as possible.

Questions.

How many varieties of typhus fever are there, and what are they called?

What are the symptoms at the commencement of the disease?

As the disease advances, what further symptoms arise?

At the commencement of the disease, what treatment should you adopt?

What effect have acids on the disease?

Is the disease considered infectious?

yá kisi darjah men is tap ke dúsrí qism ke yih iláj munásib nahín hai. Bad iske adwiyah muqawwí aur adwiyah khwábáwar aur mufarraḥ-ul-qalab aur pasínah lánewálí dí jáwen, aur áb i sard ki ek dhár bulandí se sir aur jism par dálné aur tarere ne aksar is bímárí ko ágház men rok diyá hai, lekin yih iláj kám men láná nahín cháhíye bad áwwal tén din ke, kyunki yih iláj niháyat zaíf aur khálí kar denewálá hai. Rodeh castor oil yane arandí ke tel aur Gregory's powder se sáf kí jáwen, táki koí mawád tursh-otalakh un men na rah jáwe, satah jism ká aksar bazariyah sponge nam kiyá jáwe áb i sard aur sirkah se. Agar kisi muqám par sozish sí malúm howe, to wuh ghaṭá dí jáwe sáth munásib istamál jonkon aur blistarón aur spirituous lotions ke, aur bad iske sulphate of quinine bamújib táqat maríz ke dí jáwe. Hamúziyát tamám qism ki aur ashurbah tursh tap typhus men niháyat mufíd hote hain, kyunki weh harárat ko kam karte hain, aur iztaráb o be-áramí ko fáidah bakhshete hain, táqat ko thámte hain, aur bosídgi aur sarjáne ko rokete hain. Sharáb soch o samájh kar dení cháhíye, aur miqdár iski batadríj ziyádah kí jáwe, aur dar súrat adam ahtiyát o nátaqatí aur garmí ziyádah karegi. Hálát rodeh par barí tawajjah masruf rakhni cháhíye, jab ki weh bakhúbí khálí ho gae hain. Yakhni aur jellies ki bári bári se ijázat dí jáwe, maríz ká bistar sabak honá cháhíye, balki bistar aur uske badan ke kapre aksar badalne cháhíyen, uske dast aur qai waghairah fauran haṭá dene cháhíyen, aur in sab se ziyádah yih bát malhúz rahe ki uske bistargáh men bahut hawá átí rahe, aur agar bímárí bahut hon to chlorine gas jaláne aur uske dhuyen kí khushbú pahuncháne men tagháful na karen. Chúnki yih bímárí niháyat mutadí hai, to maríz ko uske khándún yá aur rafqá men se hatíulwasa jald alag kar dená cháhíye, aur uske bímárdáron se bhí hatíulimkán ámad-o raft kam kar dení cháhíye.

Sawálát.

Kitne aqsám tap typhus ke hain, aur wuh kyá kahláe játe hain ?
 Kyá hain wuh alámaten jo ki is bímárí ke shurú men hotí hain ?
 Jún jún bímárí barhtí játi hai kyá ziyádahtar alámaten paidá hotí hain ?

Shurú marz men kyá iláj karná cháhíye ?

Hamúziyát is bímárí men kyá tásir rakhte hain ?

Kyá is bímárí ko mutadí khyál karte hain ?

GASTRITIS; INFLAMMATION OF THE STOMACH.

Symptoms.—Pain in the pit of the stomach, increased by pressure, so that the slightest, the weight of the bed clothes, or any muscular effort will cause distress; a burning thirst, and a desire for cold drinks, the fluid when swallowed, almost instantly ejected by vomiting; constant nausea, and disposition to vomit; a sensation of burning often extending from the œsophagus to the pharynx; hiccup; heat in the epigastric region, sometimes very great, whilst the extremities are cold. The tongue is generally red at the tip and edge; when the disease has been of long standing, it is observed to be red, glazed, and smooth. The breathing anxious and difficult; pulse quick, small and hard; the bowels constipated; great prostration of strength; countenance very anxious, and the patient is restless and complains much. Acute gastritis if not quickly subdued, soon proves fatal. It is produced by many causes, such as cold applied to the body when heated, or to the inner surface of the stomach when the body is overheated, as eating an ice or drinking iced water, causing at times sudden death; at other times the sudden cessation of gout in an extremity has produced the disease; a stone passing from the kidney has also caused it; great grief or great fatigue has sometimes produced it; it is also easily produced by acrid matter taken into the stomach, such as corrosive sublimate, cantharides, or the mineral acids in large doses.

Treatment.—In the acute form just described, you must first endeavor to discover the cause of the disease. If it arises from poison, you must neutralize it if possible, or use the stomach pump, but if you have not one at hand, employ emetics. If the disease arises from simple cold, you must first bleed generally, regulating it by the strength of the patient, and the state of the pulse; then apply leeches to the pit of the stomach, the number being regulated by the age and strength of the patient; the bowels are to be kept open by enemas. Give cold drinks, either pure ice water or lemonade, consulting the patient's feelings in this matter; avoid giving the slightest stimulant. When the patient

GASTRITIS ; YANE SOZISH MEDEH.

Alámaten.—Fum-i-medeh men dard hotá hai, aur dabánese ziyádah ho játá hai, hattá ki zará se chhúne aur bár párcheh bistar, yá kisi puttíe kí harkat se bahut taklíf hotí hai; tishnagí kamál, aur khwáhish ashrubah sard kí hojátí hai, aur maríz jo kuchh pítá hai fauran qai kar detá hai, hameshah ghisván aur tabíat máyal baistafaragh rahtí hai. Malúm honá sozish ká jo ki aksar phailtí hai oesophagus yane hulqúm se pharynx yane mure tak, aur hichkiyán átí hai aur bálá-i-medeh garmí hotí hai jo ki baze waqt bahut ziyádah hojátí hai us hálát men háth pánw sard rahte hai, zubán aksar auqát nok aur kináron ke pás se surkh hotí hai. Jab ki is bímárí ko muddat guzar gai hai to zubán surkh aur tábindeh aur shaffáf dekhí gáí hai, aur tanaffús pareshán aur dushwár hotá hai, nabz tez aur bárík aur saht, rodeh munqabiz rahte hai, aur táqat záyal hojátí hai, chehreh par maríz ke bahut tashwísh páí játí hai, aur wuh bahut beqarár aur sháqí rahtá hai. Agar sozish shadíd medeh ká fauran dafa ná ho to wuh jald már dáltá hai. Yih marz chand báison se paidá hotá hai, maslan asar hone sardí ke jism par jabki badan garam ho, yá pahunchne se sardí ke satah medeh men jab ki jism ziyádah garm ho, misl kháue baraf yá píne baraf ke pání ke jis ke sabáb admí kabhí kabhí dafatan marjátá hai aur baz waqt basabab dafatan thahar jáne marz niqras ke niche ke badan men, yih arzah paidá ho gayá hai. Basabab utarne sang rezah ke gurdah se bhí yih bímárí ho játí hai, aur ranj azím aur barí koft, aur thakáwat men bhí is bímárí ko paidá kiyá hai, aur aisá bhí huá hai ki basabab medeh men jáne tursh chizon ke misl corrosive sublimate, teliní makkhí yá bare mau-tádon tezabon mádoní ke yih marz baásání paidá huá hai.

Muáljah.—Is bímárí kí qism shadíd men jiská zikarabhi ho chukán hai, awwal cháhiye ki báis bímárí kádaryáft karen. Agar wuh zahar se paidá huí ho to cháhiye ki use bashart imkán nikálen, yá stomach pump kám men láwen, aur agar yih álah maujúd ná ho, to adwiyah qaiáwar den. Agar bímárí mazkúr paidá huí hai sirf sardí se, to awwal tauqíyah am fasd se karná cháhiye, bamujib táqat maríz aur hálát-i-nabz ke; bad iske joken fam-i-medeh par lagáwen, magar tadád unkí bamujib umr aur táqat maríz ke ho. Rodeh khole-jáwen sáth pichkárí ke. Ashrúbeh sard yá khális áb-i-barf yá sharbat limon dewen, magar is báb men maríz kí khwahish púchhí jáwe. Dene se halkí se halkí muharrik dáwá ke ahtaráz rahe, Jab ki maríz ko

is convalescent, the return to diet must be carefully regulated and should consist chiefly of farinaceous substances, with mild broths.

Symptoms of chronic Gastritis.—These are the same as in the acute form, but less severe.

Treatment.—This should consist chiefly in strict attention to diet and regimen, avoiding all stimulants, and applying a few leeches occasionally to the pit of the stomach, and sometimes blisters, or tartar emetic ointment; the bowels to be kept open by enemas.

Questions.

What are the symptoms of acute gastritis ?

Name some of the causes that induce this disease ?

What treatment should you adopt in acute gastritis ?

What are the symptoms of chronic gastritis ?

What treatment ought you to adopt in chronic gastritis ?

GONORRHOEA.

Gonorrhœa is a specific inflammation of the mucous membrane of the urethra, with a mucopurulent discharge peculiar to the disease, and is of a purely local nature.

Symptoms.—It follows “coitus” at different distances of time, generally earlier when it is a first attack, it is then also much more severe. It may commence in a few hours after, by the patient feeling a peculiar sensation at the external opening of the urethra, of a tingling nature; next there is a frequent inclination to make water, soon accompanied with a scalding pain, then a discharge of thin mucous. The desire to void the urine now becomes incessant, the pain in making it most acute, and a disagreeable itching is felt in the perinæum, and about the anus. After making water severe pain darts along the urethra under the pubes to the bladder, and considerable tenderness is felt in the groins and testicles and pain in the perinæum. The penis is now much swollen, particularly the prepuce and glands. During the night time, the penis has a constant disposition to erect, assumes a curved shape, and is acutely painful, this is called “chordee;” the patient gets out of bed very often, either to

ifáqat hásil ho ghizá niháyat ahtiyát se hasb qáide dení cháhiye aur cháhiye ki ghizá-i-mushtamil ho, aksar raqíq o muqawwí ashiyá se sáth halke shurbáon ke.

Alámaten sozish-i-kohne medeh kí.—Yih alámaten hain waisí hí jaisí ki qism shadíd men hotí hain, lekin waisí saht nahín hotín.

Maáljah.—Cháhiye ki is men aksar liház ghizá aur parhez ká niháyat malhúz rahe, aur kisí qism kí muharrik chízen na den aur chand jonken kabhí kabhí fam-i-medeh par aur baze waqt blister, yá marham tartar emetic lagáwen; aur rodeh bazariáh pichkárí ke kholdi jáwen.

Sawálat.

Kyá hain alámaten sozish shadíd medeh kí?

Bayán karo baze un báison ko jo kí sabab paidá hone is bímárí ke hote hain?

Kyá maáljah ikhtiyár karná cháhiye sozish shadíd medeh men?

Kyá hain alámaten sozish kohne medeh kí?

Kyá maáljah karná cháhiye sozish kohne medeh men?

GONORRHOEA; YANE SOZÁK.

Is marz men us jhillí men jo kí mujrái boul men hai, sozish ho játi hai, sáth ikhráj-i-rímdár mawád fásid ke jo kí khástan is bímárí ke liye hai, aur muqám-i-marz hí se nikaltá hai.

Alámaten.—Yih marz bad jimá ke jaldí yá bader magar aksar auqát jald wáqa hotá hai, jis súrat men ki yih marz pahle pahál wáqa hotá hai, to wuh ziyádah saht hotá hai, baze waqt wuh shurú hotá hai chand ghante bad jimá ke, aur maríz ko malúm detí hai ek khas qism kí khalaish munh par niyázah ke, bad iske aksar ahtibás pesháb ká hotá hai, aur fauran bad iske sozish ke sáth dard hotá hai, aur tab ikhráj raqíq rím ká hotá hai. Is hálat men hájat rafa karne boul kí dambadam hotí hai, aur uske karne men dard niháyat shadíd hotá hai, aur perinæum yane síwan men aur gird miqad ke ek khárish napasandídah malúm hotí hai. Bad pesháb karne ke dard shadíd tamám ráh pesháb men niche se muqám dahan masánah tak chabak mártí hai, aur chaddon aur baizon aur síwan men chhúne se taklíf hotí hai. Is hálat men uzv tanásul bahut súj játa hai, khasúsan muqám qulfah aur ghadúd. Rát ke waqt uzv tanásul men istádgi rahtí hai, aur khamí ho játi hai, aur us men dard shadíd hotá hai, aur is hálat ko chordee kahte hain.

subdue this state, or to make water. The discharge is now very copious, of a thick consistence, and a greenish color. This may be considered the first stage of the disease, and should be treated actively. If remedial means have not been employed, the preceding symptoms continue commonly for ten or twelve days, the inclination to make water and the scalding begin to abate; the swelling of the penis, and the disposition to erect, decreases; the discharge is of a whiter hue and thicker consistence, and flows more copiously. This state continues for some days, then the symptoms become progressively milder, until the scalding and chordee cease, and the discharge changes to a glary fluid, which, with the inability to retain the urine for the same length of time as in health, constitutes "gleet."

Treatment.—In the first stage leeches should be applied to the urethral aspect of the penis from the frænum to the anus, then warm fomentations and the hip bath, perfect rest, low diet, diuretic and mucilaginous drinks, such as linseed tea, barley or conjee water, should be drank in large quantities, assisted with saline aperients and the mixture aqua potassæ. Before retiring to rest, the penis should be bound down on the perinæum, with a piece of linen cloth interposed, in order to prevent chordee, and an opiate of hyoscyamus and half a grain of extract of belladonna inserted into the anus; some prefer three grains of camphor, forty drops of laudanum, and one ounce of water in form of a draught, to be taken at bed time. A suspensary bandage must be worn day and night. In the second stage, that is, when the scalding begins to abate, a drachm of powdered cubebs, mixed with a scruple of balsam copaibæ, should be mixed thoroughly in an ounce of mucilage of gum arabic, and given at first twice, then thrice, four and five times a day, if the stomach will retain it; this will generally check the disease in a few days, but the medicine should be continued for a few days longer, diminishing the dose very gradually. Stimulants of every kind must be strictly avoided, but if the patient cannot or will not do without something of the sort, good sherry or weak gin and water will be found the least irritative.

Mariz aksar auqát bistar se uñhtá hai, kḥwá wáste kam karne is hálát ke, yá pesháb karne ke. Ab ikhráj-i-mawád bakasrat hotá hai, aur wuh gārḥá aur sabzí máil hotá hai. Yih pahlá darjah is bímárí ká hai, aur cháhiye ki iská bandobast chustí se kiyá jáwe. Agar maáljah amal meñ nahín áyá hai, to alámaten marqúmáḥ bálá amúman járí rahtí haiñ wáste das yá bárah din ke. Kḥwáhish pesháb karne kí aur sozish kam honí shurú hotí hai, aur sújan úzv tanásul kí aur dard aur istádgi kam ho játi hai, mawád kí rangat kuchh sufed ho játi hai, aur wuh ziyádah gārḥá ho játi hai, aur ziyádah ifrát se nikaltá hai. Yih hálát chand roz tak rahtí hai, aur tab alámaten meñ farq par játi hai, táwaqtíki sozish aur istádgi mauqúf ho játi hai, aur mawád meñ shafáfi á játi hai, aur mariz pesháb ko is ársah tak rok nahín saktá jaisá ki sihat meñ rok saktá thá, aur usko jiryán maní kahte haiñ.

Maáljah.—Darjah awwal meñ cháhiye ki jonken muqám frænum se miqad tak síwan meñ lagáí jáwen, baḥdú senkná aur kúle tak garm pání meñ baiṭhná aur kisí qism ká harj na karná, aur kam ghizá par rahná munásib hai, aur adwiyah mudir aur luábdár ashurbah, aur inkí madad ke liye namkín adwiyah mulayyan aur mixture of liquor potassæ dewen, qabl az sone ke cháhiye ki úzv tanásul bándhá jáwe síwan par sáth ek ṭukre párchah malmal ke wáste rokne istádgi aur dard ke. Aur ek dawái kḥwábáwar misl hyoscyamus aur nisf grain extract of belladonna ke andar miqad ke rakkhí jáwe, baḥe munásib jánte haiñ tén grain káfúr aur chálís qatraḥ laudanum, aur ek ounce pání bataur tabríd ke sote waqt piyá jáwe, ek bandish áwezán din rát rakkhí jáwe. Darjah doyam meñ yañe jab ki sozish shurú bakamí hotí hai ek drachm cubebs písi huí makhlút sáth ek scruple balsam copaibæ ke cháhiye ki bilkul makhlút kí jáwe bích ek ounce luábdár samagh Arbí ke dí jáwe, awwal do dafah aur baḥ aizán tén aur chár aur páñch dafah ek din meñ bashartíki medeh use qabúl kare, yih aksar rokegá bímárí mazkúr ko chand roz meñ, lekin cháhiye ki yih dawá járí rahe chand roz ziyádah, magar maútáden iski kam kar dí jáwen. Tez dawáen har ek qism kí cháhiye ki na dí jáwen, lekin agar mariz nahín rah saktá hai baghair kisí is qism kí chíz ke, achchhí sharáb sherry yá kamzor jin aur pání aur chízon se ziyádah kam kbalish paidá karegá.

Questions.

What is the nature of the disease called gonorrhœa ?

Describe the symptoms which appear in the first stage of the disease ?

What are the symptoms of the second stage ?

What treatment should you adopt in the first stage ?

What treatment in the second stage ?

HEMOPTYSIS ; SPITTING OF BLOOD.

This disease may occur under three forms ; 1st, from the bronchial mucous membrane ; 2nd, from pulmonary apoplexy, and 3rdly, from rupture of a blood vessel in a tubercular cavity of the lungs.

Symptoms of the first form.—This is the most common, and generally attacks women whose monthly discharges are deficient or entirely suppressed. It may also occur in men. It is preceded by cough, with more or less difficulty of breathing, the pulse is generally quick and bounding, the expectoration resembles red currant or putwah jelly, the discharge is sometimes copious, but generally moderate in quantity and very frothy.

Treatment of the first form.—Should the patient be plethoric, and there be signs of irregular determination of blood, venesection will be necessary. The patient should be kept in a recumbent position, perfectly quiet, and abstain from every thing stimulating : he should be placed in a large cool room, and the bowels frequently opened by saline purgatives. Should the bleeding still continue with a strong pulse, nauseating doses of tartar emetic should be given ; after the congestion is removed, the sugar of lead, either with or without opium, should be given.

Symptoms of the second form.—There is chilliness, the extremities are cold, followed by flushes of heat and redness of the cheeks, headache, quick and hard pulse ; palpitation and oppression of the heart, the discharge from the lungs attended with great difficulty of breathing, a feeling of suffocation in the chest, sometimes pain : the pulse is now frequent, full and vibrating.

Sawálat.

Maḥsús sozák kyá hotá hai ?

Bayán karo alámaten jo ki záhir hotí haiñ darjah awwal bímári mazkúr men ?

Kyá haiñ alámaten darjah doyam kí ?

Kyá iláj iḡhtiyár karná cháhiye darjah awwal men ?

Kyá iláj darjah doyam men karen ?

HEMOPTYSIS; YANE THÚKNÁ KHÚN KÁ.

Yih bímári wáqā ho saktí hai tīn tarah par; awwal, bronchitis, yane us parde se jo ki arúq ḡhishnah par hotá hai; doyam, pulmonary apoplexy, yane bhar jáne se ḡhún ke phepre men, aur tísri, phat jáne se kisé rag ke mutaliqah phepron ke.

Alámaten.—Qism awwal kí yih bímári aksar áid hotí hai auraton ko jab ki ayám haiz men qasúr hai yá bilkul band ho gae haiñ. Yih marz mardon ko bhí ho saktá hai, iske pahle khánsi hotí hai aur dam kam o besh mushkil se átá hai, aur nabz aksar tez aur jibandah hotí hai, aur balgham mushábah hotá hai, surḡh kakronde yá patwá jelly se, iḡhráj ḡhún baz waqt bahut kasrat se hotá hai, lekin aksar miqdár men baatidál aur kaf ámez hotá hai.

Maǧlah qism awwal ká.—Agar maríz damwí mizáj ho, aur alámaten beqáidah ṡaharne ḡhún kí maujúd hon, to fasd ká lená zarúr hai. Cháhiye ki maríz jhuká huá aur bilkul chupká leṡa rahá kare, aur parhez kare harek tez chíz se, aur bare sard makkán men rahe, aur rode aksar khole jáwen sáth namkín jullábon ke. Agar ḡhún ká áná is par bhí jári rahe aur nabz qawí ho, to jí matláne wáli maütáden tartar emetic kí dí jáwen, bad iske ki ṡahrá huá ḡhún phail jáwe, to sugar of lead ḡhwá sáth opium ke yá baghair uske dená cháhiye.

Alámaten qism doyam kí.—Is qism men badan men ḡhun-ki rahtí hai, aur háth pánw sard hote haiñ, aur bad iske shuálah garmí ke uṡhte haiñ, aur surḡhí ruḡhsáron kí, aur dard sir aur nabz tez aur saḡht hotí hai, dharakná aur iztaráb-i-dil, aur iḡhráj ḡhún phepron se, aur iske sáth áná dam ká diqqat se, aur maḡlúm honá ḡhuṡná dam ká chhátí men, aur baze auḡát dard rahtá hai. Is hálát men nabz sarí aur mumtalí aur tapán hotí hai.

Treatment of the second form.—This must depend on the state of the lungs, age, constitution of the patient, and quantity of blood lost. Copious bleeding even to fainting, perfect rest, absolute silence, the wants of the patient must be conveyed by signs as far as practicable, cool air, nauseating doses of antimony: acidulated drinks, and sugar of lead in doses of two or three grains every third or fourth hour.

Symptoms and Treatment of the third form.—Will be described when speaking of phthisis.

Questions.

Describe the different forms under which the disease may occur?

What are the symptoms of the first form?

What is the treatment to be followed in the first form?

What are the symptoms and treatment of the second form?

HÆMORRHOIDS; PILES.

Symptoms.—Sense of heat and pain at the rectum and in the loins, headache, giddiness, flatulence, feverishness, restless nights, scanty and high colored urine, with a frequent desire to void the urine and fœces: there is sometimes pain and bleeding when the patient has an evacuation.

Treatment.—Should the pulse be full and strong, you should bleed from the arm, and give two grains of calomel, with eight grains of James' powder at bed time, and on the following morning give a gentle saline aperient; let this be continued for two or three nights. When the piles proceed from costiveness, give an electuary of sulphur, cream of tartar, and the confection of senna. You should apply leeches and cold lotions to the rectum, keep the patient in the horizontal position, and if there should be bleeding from the rectum, apply an astringent ointment of powdered gall-nuts and opium; and if there be inflammation attending it, add some of Goulard's extract to it. The patient should always avoid eating indigestible food, and abstain entirely from spirituous and fermented liquors.

Question.

What are the symptoms and treatment of Hæmorrhoids?

Ma'āljah qism doyam ká.—Yih chāhiye ki munhasir ho úpar hálát phepreh aur umr aur mizāj maríz, aur miqdār khún talf-i-shudah ke lená khún ká baifrát balki yahán tak ki ghash á jáwe, aur na karná kisi qism ke harj ká, aur rahná bilkul khámosh chāhiye, aur jahán tak aml men á sake ahtiyājāt maríz rawá kar dí jáwen, ímái aur ishárah se, aur hawái sard, aur jí matlánewáli maütádon antimony ke, aur ashurbah tezábí aursugar of lead bích maütádon do yá tín grain ke tín yá chār ghante bad dí jáwen.

Alámaten aur ma'āljah qism soyam ká likhá jáwegá barwaqt zikr-árzah phthisis, yane bímárí sil ke.

Sawálat.

Bayán karo mukhtalif aqsám jin men yih bímárí wáqa ho saktí hai ?

Kyá hain alámaten qism awwal kí ?

Kyá ma'āljah kiyá jáwe wáste qism awwal ke ?

Kyá hain alámaten aur iláj qism doyam ke ?

HEMORRHOIDS ; YANE BAWÁSÍR.

Alámaten.—Ma'lúm honá jalan aur dard ká miqad aur kamar men, aur dard sir, aur daurán sir aurnafkh aur harárat tap kí sí aur be-chain rahná rát ko, aur qalíl aur niháyat tez rang áná pesháb ká sáth aksar ihtiyáj boul-o-baráz ke aur baze waqt honá dard ká, aur áná khún ká barwaqt ijábat ke alámaten is marz kí hain.

Ma'āljah.—Agar nabz mumtalah aur qawí ho to bazú se fasd len, aur do grain calomel sáth áth grain James' powder ke sone ke waqt, aur dúsre din subah ko koí halkí namkín adwiyah mulayyan den aur is iláj ko járí rakhen do yá tín rát tak. Jab ki bawásír qabz se paidá ho to electuary of sulphur, yane gandak ká aur cream of tartar, aur confection yane halwá saná ká dewen. Aur tumhen chāhiye lagáni jonken aur sard lotions miqad ko, aur rakhná maríz ko sídhá, aur agar miqad men se khún bhí átá ho to lagána ek astringent yane qábiz marham pisi húi gall-nut yane majú aur opium ká, aur agar uske sáth sozish bhí ho to shámil karná usmen thorá extract of Goulard mufíd hogá. Bímár ko chāhiye ki hameshah parhez kare kháne se aisi ghizá ke jo ki qábil hazm hone kí na ho, aur baz rahe buri aur garam sharábon se.

Sawál.

Kyá hain alámaten aur iláj bawásír ke ?

HEPATITIS; INFLAMMATION OF THE LIVER.

This may be either acute or chronic.

Symptoms of acute Hepatitis.—There is pain in the right hypochondrium, shooting to the back and shoulder, increased on pressure, pain in the right shoulder; the pulse generally strong and full; there is thirst, a furred and yellowish tongue, and frequently vomiting, sometimes of a bilious, at other times of a dark coloured matter. The bowels are commonly irregular or costive; the urine almost always scanty, and very high coloured. There is also pain, tenderness, and tumefaction in the region of the liver, occurring with more or less degree of intensity, with inability to lie on the left side; occasionally jaundice, depression of spirits and nervousness, with great irritability of temper. Hepatitis may terminate by resolution or by suppuration, or the irritation may continue in a modified manner, so as to be classed among chronic diseases of the liver. The indications of resolution are, in the first instance, the subsidence of the fever, the gastric symptoms, and the pain; this is followed by the disappearance of the tumefaction, which, though generally the last of the symptoms, often occurs with great rapidity; the dilatation of the side is no longer observed, the right hypochondrium and epigastric region lose the tension and fulness which occurred during the height of the disease. If suppuration takes place, the tumefaction increases, shiverings more or less severe are observed, with or without perspirations; the pulse becomes small and rapid, the countenance is pale, and a sour smell of the surface is perceptible. If the abscess forms so as to be perceptible by manual examination, we may observe the following conditions; 1st, a generally enlarged state of the organ, in which, though no perceptible fluctuation exists, a doughy or boggy feel is communicated over a greater or less portion of the tumour; 2nd, distinct tumefaction below the margin of the rib; 3rd, a tumour in the epigastrium; and 4th, a bulging of the false ribs, with more than usual fulness of the intercostal spaces; the constitutional symptoms are night cold-sweats, clamminess of the skin, and frequent fainting sensations. The inability to salivate the patient is considered very characteristic of suppuration having taken place.

HEPATITIS; YANE WARM-I-JIGAR.

Yih warm do qism ká hotá hai; acute, yane shadíd, aur chronic, yane kohnah.

Ásár shadíd warm-i-jigar ke.—Dáhiní kokh men dard rahtá hai, aur sháne aur pusht kí taraf yakáyak phailtá hai, aur dabáne se ziyádah hotá hai; aur dáhine kándhe men bhí dard hotá hai; nabz aksar zor se aur jald chaltí hai; piyás ká ghalba hotá hai; zubán men káñte parjáte hain, aur rangat zubán kí máil ba zardí hotí hai; qai aksar hotí rahtí hai, aur uske sáth kabhí kabhí safrá aur kabhí kabhí maile rang ká mádda nikaltá hai; antariyán aksar betartíb aur band rahtí hain; pesháb thorá thorá aur bahut rangín átá hai; kaleje ke ás pás kam-o-besh dard, aur amáo aur warm bhí hotá hai, aur bímár báin karwat leť nahín saktá; kabhí kabhí yarqán hojátá hai, aur dilpar udási chhá játí hai, aur máríz niháyat tez mizáj aur chirchirá hojátá hai. Barwaqt záyal hone ásar ke yih maraz bhí záyal ho saktá hai, aur jis súrat men kalejá pak jáwe, yá dard-i-khafíf jári rahc, to usko amrázi aqsám-i-chronic se shumár karte hain. Ásár rafa hone is marz ke awwal yih hain, ghat jáná bukhár aur ásar bímári shikam aur dard ká, aur bad iske rafa honá warm ká; yih warm agarchi aksar akhír alámat is bímári kí hai, magar jald játá rahtá hai, phailáo pahlú ká nahín malúm detá, aur dáhiní kokh, aur un muqámon men jo medch se upar hain, tanáo aur warm jo marz kí shiddat men paidá hotá hai nahín rahtá. Darsúrat pakjáne kaleje ke warm taraqqí pakartá hai, aur larzah kam-o-besh pasíne ke sáth yá baghair pasíne ke numáyán hotá hai, nabz kamzor aur tez raftár hojátí hai, chehrah zard par játá hai, aur badan se khaṭṭí bo áne lagtí hai. Agar warm láth lagáne se malúm hotá hai, to uske ásar batafsíl-i-zail páe játe hain. Awwal, kalejá aksar barh játá hai, aur agarchi bazáhir harkat kartá huá nahín malúm detá, magar waram narm aur muláyam malúm hotá hai. Doyam, paslí ke kináre ke níche warm záhir hotá hai. Sayum, us muqám men jo medeh ke úpar hai warm ájátá hai. Chahárum, tale kí donon chhoṭí pasliyán barh játí hain, aur khulú darmiyán pasliyon ke ziyádah wasí hojátá hai, aur jism par rát ko thandá pasíná átá hai, aur post badan ká chipchipá malúm detá hai, aur aksar ghash kí taraf tabiat rujú kartí hai; aur jabki bímár ko munh áne kí dawá dene se munh nahín átá, to isse yaqín-i-qawí hojátá hai ki bímár ká kalejá pak gayá.

Treatment.—In the early stage of the disease, and there are no signs of suppuration present, the treatment should commence with a free bleeding from the arm, which, if the patient be robust and the inflammatory fever high, should be pushed so as to produce some effect on the circulation; if after four or five hours the pain and oppression return, the bleeding should be repeated. The bowels should be opened by a dose of calomel, ten grains, followed by a brisk saline purgative of epsom or rochelle salts, and assisted by a purgative injection of an infusion of salts and senna; after the purgative has acted, thirty leeches should be applied to the most painful part of the side, and when they fall off, the oozing of blood should be arrested at once, as it only tends to weaken the patient, without relieving him in the least. After the hæmorrhage has been completely arrested, great advantage will be afforded by the application of warm poultices of linseed meal, or bread and milk, over the affected organ; these however must be made light, as their weight in some cases proves distressing. If the disease should be complicated with dysentery, great relief may be afforded by the application of a dozen leeches to the region of the anus as well. The circumstances that point out that the general and local depletions have exercised a salutary influence on the suffering organ are the following: the diminution of the inflammatory heat, and of the oppression in the epigastrium and hypochondrium, the subsidence of the pain and tenderness; and lastly, of the tumefaction, which is to be ascertained by the touch and by percussion of the lower part of the thorax and abdomen. Blisters are now to be employed, but their use must never be resorted to while the inflammatory fever runs high, and they must be removed as soon as the patient begins to feel their stimulus.

When the disease occurs in persons of a broken down constitution, and particularly in those who have long indulged in ardent spirits, the greatest caution is to be observed in the use of the lancet, and trust principally to local bleeding and counter-irritation. Mercury may now be employed to produce salivation. Ten grains of calomel, combined with one or two of opium, may be given twice in the day, or scruple doses at bed time; but should salivation not be induced in three or four days, the remedy must be stopped. Antimonial or James' powder may be added to the

Maáljah.—Ibtidáe bímárí men, aur jab ki ásar pakáo ke malúm na hote hon, maáljah is taur par shurú karná cháhiye; háth kí aisí fasd lení cháhiye jo ziyádah khún de; aur agar bímár qawí ho, aur sozish ká bukhár bashiddat ho, to munásib yih hai, ki is qadar ziyádah khún nikálen, ki surat-i-nabz men farq parjáwe. Agar chár pánch ghante ke bad dard aur shiddat phir aud kar áwe, to fasd dobárah karní cháhiye. Calomel, yane kushta-i-párah, bamiqdár das grain ke istamál kiya jáwe, táki antariyán khul jáwen, aur iske bad namkín tez mushil az qism-i-namak epsom, yá rochelle salts diyá jáwe, aur uskí madad ke liye khisándah-i-namak aur saná ká huqnah kiya jáwe; jis waqtdast á chuken, to ús jonken us muqám par pahlú men jahán ki niháyat taklíf ho lagáí jáwen, aur bad chhut jáne jonkon ke ijrée khún ko jald band karná cháhiye, kyunki issúrat men nikálná khún ká bímár ko zarah bhí fáidah nahín bakhshatá, balki zauf ziyádah kartá hai. Jabki khún bilkul band hojáwe to us jagah par jahán bímárí ho, agar garam poultice alsí ke, áte yá rotí aur dúd ká lagáya jáwe to bahut mufid hogá; magar yih poultice halká banána cháhiye, isliye ki basabab uske wazan ke baz súraton men taklíf hotí hai. Agar ishál bhí is bímárí ke sáth láhaq ho, to bárah jonken miqdár par bhí lagání cháhiyen, kyunki usse bahut ifáqah mutsawwar hogá; ásar jinse záhir hotá hai ki tanqiyon marqúma-i-bálá ne bímárí-i-jigar ko fáidah bakhshá hai wuh yih hain. Kam hojáná jaláne-wálí garmí ká aur shiddat ká us muqám men jo medeh ke úpar hai, aur kokh men, aur ghat jáná dard aur amáo ká, aur in sab se bad warm ká jiskí kamí chhátí aur pet ke niche kí taraf dabáne aur thapakne se daryáft ho saktí hai. Is hálát men plaster lagána cháhiye, magar darsúrat ghálib hone tap-i-sozish ke istamál plaster ká munásib nahín, aur jis waqt bímár ko plaster se taklíf ho to uská dúr karná lázim hai.

Jis súrat men bímárí aise shakhson koláhaq ho jo ki nátaqat aur zaif hon, khasúsan aise shakhs ko jo ki ek arse se sharáb hée garam pítá rahá ho, to uske tajwíz fasd men bahut ihtiyát wájib hai; aise marizon ke wáste lagána jonkon ká muqám-i-marz par aur paidá karná counter-irritation, yane ek aur taklíf ká ziyádah mufid mutsawwar hai. Wáste láne munh ko istamál páre ká cháhiye. Das grain calomel bashamúl ek yá do grain afyún ke do dafa din men diyá jáwe, yá bamiqdár ek scruple ke sote waqt; agar tén chár din ke arse men munh na áwe, to yih iláj mauqúf kiya jáwe. Antimonial powder

~~excite~~, as they are considered to assist materially in producing ~~absorption~~ rapidly. Strong mercurial ointment may also be well rubbed into the armpits and groins to the extent of a drachm three times a day for the like period. In the acute stage of the disease, the patient must be kept on the lowest diet possible. Effervescing draughts may be allowed, and will often be found to be of great benefit, when they act on the skin and kidneys. Mild saline purges with emollient injections should be employed, and the patient may drink a solution of cream of tartar or tamarind tea, and if there be much restlessness, an anodyne draught, or twelve grains of Dover's powder, may be given at bed time. But if, notwithstanding these means, the tumefaction continues, and the fever assumes a remittent or hectic type, the formation of an abscess is to be dreaded. The patient's strength must be supported by farinaceous and gelatinous food, and the exhibition of wine in moderation, with vegetable tonics, will be advisable; poulticing must be diligently employed over the region of the liver, and we must endeavour to bring forward the abscess towards the surface as much as possible; when, in the event of a perceptible and fluctuating tumour being formed, it will be advisable to give exit to the matter as speedily as possible. When the abscess makes its way either externally or into the lungs or bowels, the strength of the patient must be carefully supported by light and nutritious diet, wine and tonic medicines, according to the circumstances of the case. The mineral acids may also be given in the different tonic infusions, such as gentian, chiretta, calumbo, or cinchona. The greatest attention should be paid to the state of the bowels, and a gentle and graduated pressure on the organ might accelerate the cure, by closing up the opening, after the matter has been evacuated.

HEPATITIS CHRONICA; CHRONIC INFLAMMATION OF THE LIVER.

Symptoms.—More or less pain in the region of the liver, increased by excitement, accompanied by tenderness and tumour, a sallow countenance, a dry skin, foul tongue, scanty and high colored urine, with occasional attacks of jaundice, occasional pain about the right shoulder, bitter taste in the mouth, and wasted

jisko James' powder bhí kahte hain, calomel men shámil kiyá jáwe, isiliye ki yih donon jald muph ke lāne men bahut muassar samjhe játe hain. Qawí marham páre ká bamiqdár ek drachm ke tīs martabah har roz tīn din tak baghal aur bázu aur rān men khab málá jáwe. Darsúrat acute, yāne shadíd hone bīmārī ke, mariz ko jahān tak ho sake kam kḥurák dení chāhiye. Effervescing draughts, yāne babule lānewāle pānī kī ijāzat dī jāwe; yih pānī bahut musid hogá, jabki post aur gurde par uskī tāsír hogí. Halke mushil namak ke mai mulayyan pichkārīyon ke istamāl men áweñ, aur bīmār ko solution of cream of tartar yā imlí kī chá piláí jáwe, aur agar ziyádah, iztiráb malūm ho to anodyne, yāne taskín bakhsh pānī yā bárah grain Dover's powder sote waqt istamāl men áwe. Aur jo bá wasf in tadbíron ke warm járí rahe aur bukhār bārī ká yá diq kī qism se hojāwe, to is sūrat men kḥauf ho jāne phoré ká mutsawwar hai; aise mauqe par wājib hai kī táqat bīmār kī bazariāh-i-ghizāe mulāyam aur patlí ke qāyam rakkhen aur istamāl sharāb ká baʿtidāl bashamúl muqawwiāt-i-nabátatí ke munásib hai, aur kaleje par lagáná poultice ká mauqúf na kiyá jáwe, aur aisí tajwíz amal men áwe ki mawád us phoré ká hattulimkán jism ke satah kī taraf rujú kare; aur jis sūrat men mawád jigar men ziyádtí pakre aur mutaharrik hone lage, to uske ikhrāj men jahān tak hosake nihāyat jaldí karní chāhiye. Jis hāl men phorá báhir numáyān ho yá taraf phepre yá antariyon ke rujú kare to kḥiyāl sanbhālne táqat-i-mariz ká bazariāh-i-subuk aur muqawwí ghizá ke aur sharāb aur muqawwí adwiyát ke mutábīq sūrat hāl bīmār ke zarúr chāhiye. Mineral acid, yāne tezáb hamráh mukhtalif muqawwí kḥisāndon jantyāne yá chiretta yá calumbo yá cinchona ke diyá jáwe. Antariyon kī hálát par ziyádah tawajjuh chāhiye, thorá thorá aur darjah badarjah dābne uzv mazkúr ke se bazariāh band karne muph uske ke bad ikhrāj máddah ke jald honá sihat ká mutsawwar hai.

HEPATITIS CHRONICA ; YĀNE KOHNAH WARAM-I-JIGAR.

Asar-i-maraz.—Honá dard ká kaleje men kam o besh, aur ziyádah honá uská ghabráne tabiat aur harkat karne se, aur honá uske sáth warm aur amáo ká, zard rang honá chehre ká, aur kḥushk honá jild ká, aur mailá rahná zubán ká, thorá thorá aur tez rang áná pesháb ká, aur gáhe gáhe láhaq honá yarqún ká, aur kabhí kabhí paidá honá

state of the body, when the disease has been of long continuation.

Treatment.—At the commencement apply every third or fourth day a dozen leeches to the region of the liver until all pain and tenderness is removed. The bowels should at the same time be diligently, but mildly acted upon by gentle laxatives, combined with mercurials, such as the grey powder or the blue pill. Afterwards repeated applications of blisters over different parts of the organ, or keeping up an eruption over it by means of the tartar emetic ointment, should be persevered in for a considerable time. If these means do not succeed, and if there is no contra-indication, the system should be gently affected with mercury, which may be done by giving small doses of calomel or blue pill, combined with Dover's powder, at night, or by rubbing in over the region of the liver one drachm of the strong mercurial ointment, three times a day. When, from the constitution of the patient, it is thought unadvisable to use mercury, the nitro-muriatic acid should be employed.

The following is the mode in which the remedy is recommended to be used. A mixture is made of eight ounces of pure water with four ounces of the nitric and four of the muriatic acid. Of this solution from two to five ounces are to be mixed with about three gallons of water at the temperature of ninety degrees in a high and narrow vessel, and the feet kept immersed in it for about half an hour every night, before retiring to rest. If the first bath does not cause a pricking sensation in the parts, the next is to be increased in strength. Advantage has also been obtained from sponging the body with a similar solution every night. After the disease has been subdued, vegetable tonics may be given to restore the digestive powers. The patient should wear warm clothing, and carefully avoid any error of regimen that may cause a return of the hepatic disease. In very obstinate cases, a trip to sea or to Europe would be of essential service.

Questions.

How may hepatitis be divided ?

What are the usual symptoms of the acute form of hepatitis ?

What are the usual terminations of an attack of acute hepatitis ?

dard ká dáhine sháne men, aur nahíf honá jism ká, yih sab ásár us waqt hote hain, jab ki yih marz bahut dinon ká hó játá hai.

Maqljah.—Ibtidá men tísre chauthe din bárah jonken kaleje par lagáte rahen jab tak ki dard aur amáo bilkul rafa na ho, magar is arse men mutaharrik rakhne antariyon ka baáhistgí bazariah adwiyát-i-muhallil ke bashamúl murakkabat-i-páre ke misl Grey powder aur blue pill ke niháyat liház rahe. Bad iske plaster úpar mukhtalíf muqámon jigar ke bár bár lagáyá jáwe, yá bazariah marham tartar emetic ke phunsiyán arsa-i-daráz tak qáyam rakkhí jáwen. Agar in tadbíron se kuchh fáidáh na ho aur koí alámat síhat kí bhí zahir na ho, to thorá sá calomel bashamúl Dover's powder ke maríz ko rát ko diyá jáwe, yá marham páre ká bamiqdárek drachim din men tén martabah kaleje ke muqám par malá jáwe, jab tak ki ásár us dawá ke jism par zahir na hon. Jabki baliház hálát maríz ke dená páre ká munásib-i-waqt na malúm ho, to tezáb shore aur namak ká istamál kiyá jáwe.

Uske istamál kí munásib tarkíb istarah par tajwíz huí hai. Ath ounce sáf pání men chár ounce shore, aur chár ounce namak ke tezáb ke miláe jáwen, aur is men se do ounce se páñch tak tin gallon aise pání men jismen nawwe darje kí garmí ho shámil kiye jáwen, aur is pání ko únche tang bartan men dál kar sone se pahle har rát usmen ádhe ghañte tak páñw rakkhen. Agar páñw men us páshoya se káñte se na parne lagen to dúsrá páshoya zarah pahle se tez banána cháhiye, aur aisehí páshoya se dhoná jism ká bhí rát ko mufíd hotá hai. Jab ki marz rafa hojáwe to us waqt muqawwiyyát-i-nabátátí wáste hálát-i-aslí par láne qúwat-i-házma ke istamál kí jáwen. Bímár ko cháhiye ki garm kapre pahná kare aur aisi bad parhezí se har dam ihtiyát aur ihtiráz kartá rahe jisse khauf áud karne arzah-i-kaleje ká mutsawwar ho. Jabki bímárí kisí iláj se asar pizír na ho, to rawána honá taraf daryáe shor ya mulk-i-Farang ke bahut mufíd hogá.

Sawálát.

Warm-i-jigar kai qism ká hotá hai?

Mamúlí ásár acute, yane shadíd warm-i-jigar ke kyá hain?

Shadíd warm-i-jigar ke khatm hone kí alámaten kyá hain?

What are the indications of the disease having terminated in resolution ?

What are the usual signs of suppuration having taken place ?

When suppuration has taken place, is it easy to cause salivation ?

In the early stage of the disease, should there be no signs of suppuration present, what treatment should you adopt ?

After leeches have been applied, why should you not increase the flow of blood by fomentation ?

When there is dysentery and Hepatitis at the same time, has the application of leeches to the anus afforded great relief ?

How would you know that the general and local depletions have proved beneficial to your patient ?

When is the employment of blisters contra-indicated ?

In broken down constitutions, should you employ the lancet freely, or what should you rather trust to ?

When should you administer mercury, and for what purpose do you give it ?

In the acute stage of the disease what should be the nature of your patient's diet ?

What treatment is to be adopted when suppuration has taken place ?

What are the usual symptoms of chronic hepatitis ?

What treatment should be followed at the commencement ?

Is mercury ever given in this form of the disease ?

When from any peculiarity in the constitution of the patient it is not advisable to give mercury, what other plan would you adopt ?

When the disease has been subdued, what should be the after-treatment ?

HYSTERIA; HYSTERICIS.

Symptoms.—This disease usually comes on at times very suddenly, with crying, laughing, and shrieking in the fit, with a sense of choaking, as if there was a ball rising in the throat which could neither be got up or down; heaving up and down of the breasts, thumping them with the clenched fists; hiccup, and a rumbling noise in the belly; a great secretion of limpid urine, at times passed involuntarily. To these symptoms succeeds temporary loss of sense and consciousness, and of command over the muscles

Jab ki yih árzah záyal howe to uske ásar kyá hote hai?

Ásar wáqa hone pakáo ke kyá hai?

Jab ki is marz men jigar pak jáwe to munh maríz ká dawá se baásání á saktá hai yá nahín?

Ibtidáe marz men agar alámaten pakáo kí pái na jáwen, to maáljah kis tarah kiyá jáwe?

Jab ki jonken lagáí jáwen to ijrái khún bazariyah-i-senkne ke kis wáste ziyádah nahín kiyá játá?

Jab ki árzah ishál ká bhí warm-i-jigar ke sáth howe to lágáná jonkon ká miqad par mujib ifáqe ká hotá hai yá nahín?

Kis tarah malúm ho saktá hai ki mushil dene aur khún lene se bímári ko fáidah huá hai?

Kis súrath men lágáná plaster ká mamnú hai?

Jab ki maríz bahut kamzor aur zaíf ho to kyá uski fasd bilátaam-mul kí jáwe, yá nahín to kyá iláj kiyá jáwe?

Kis súrath men dená páre ká munásib hai, aur kis wáste diyá jata hai?

Jab ki yih árzah shadíd ho to kis qism kí ghizá bímár ko dí jáwe.

Jabki pakáo wáqa ho to kyá maáljah uská kiyá jáwe?

Mamúli alámaten kohnah warm-i-jigar kí kyá hai?

Ibtidáe marz men kyá iláj kiyá jáwe?

Is qism ke marz men istámál páre ká kiyá játá hai yá nahín?

Agar basabab khawás-i-tabiát maríz ke dená páre ká munásib na malúm ho to aur kyá tajwíz kí jáwe?

Jab ki yih árzah rafa ho jáwe to uske bad kyá karná cháhiye?

HYSTERIA ; YANE HABAS-UD-DAM.

Alámaten.—Is árzah men amúman baze waqt achánchak rone, hapsne, aur chíkhne se, ek golá sá halaq men jo ki níche jásake na báhar á sake chhátí men malúm huá kartá hai, babáis jiske maríz apne háth kí mutthí ko bándh ke chhátí ko thapká kartá hai. Hich-kiyán aur peṭ men qaráqur hotá hai, pesháb sáf aur raqíq bakasrat hotá hai, balki bemalúm nikal játá hai. Máorái in alámaten ke aql záil dil beṭhikáne ho játá hai, aur háth pánw ke putṭhe qábú yáftah nahín rahte balki un ko kám men láne ke waqt maríz hich-

of voluntary motion, which are either motionless or violently agitated, the arms and legs being most generally affected. The disease is much more common in females than males, particularly about the age of puberty.

Treatment.—During the fit, the patient must be prevented from injuring herself by her hands, by her teeth, or by striking her head or her breasts against any hard substance. If the symptoms indicate determination of blood to the head, it should be raised, and towels rung out of cold water applied to the forehead, warmth being applied at the same time to the feet. All tight clothing about the neck or chest should be loosened. In cases going on to complete coma, blood may be taken from the arm, or by leeches from the temples. When there is less plethora, and the fit is obstinate, the patient being at intervals able to swallow, half a drachm of aromatic spirit of ammonia, or the spirits of sulphuric ether, may be given in a little water. The face and chest should be sprinkled with cold water.

Questions.

Describe the symptoms of a fit of hysterics ?

Describe the appropriate treatment of hysteria ?

ICTERUS ; JAUNDICE.

This disease arises from an impediment to the passage of the bile into the intestines, which may be either mechanical, as the passage of gall-stones, or enlargement of the adjoining viscera; or functional, as a spasmodic or inflammatory or weakly state of the gall ducts.

Symptoms.—There is yellowness of the skin, the white of the eyes, roots of the nails, and urine, and paleness of the fæces. There is also nausea, vomiting, thirst, constipation of the bowels, and great languor. When jaundice arises from gall-stones, there is a sudden acute pain, either in the epigastrium, or shooting towards that part from the back, or right hypochondrium: there is also vomiting, occasional shiverings and profuse perspiration without any fever, or increased frequency of the pulse. Sometimes the pain precedes the appearance of jaundice, returning perhaps with great severity, for several successive days, and remaining for several hours at each return: the shiverings in jaundice rarely precede the pain, but occur irregularly during a paroxysm;

kichátá hai. Auratē báligh is marz mēn aksar mubtilá hotí haiñ banisbañ mardon ke.

Maq̄lah.—Naubat marz mēn lázim hai ki kisí tarah ká khalal háthon yá dānton se maríz na karne páwe, aur koí saḡht chíz par uskí dastras na hone deñ mubádá ki wuh apne sir yá sínah mēn már le. Agar rujū khún ká taraf sir ke alámaton se sabút ho to ek rúmál sard pání mēn bhíga huá sir par aur garam pání ká pairon par rakkheñ. Aur kapre jo ki gird gale aur chhátí maríz ke tang hon un ko dhílá kar dená zarúr hai. Babáís daryáft hone sabab coma ke tanqiyah khún bazariyah fasd ke bāñh se aur jonkon ke kanpañon se karen. Jab ki maríz mēn tawánáí pái jáwe, aur naubat marz bashiddat aur níz yih bhí sabút ho ki maríz nisf drachm aromatic spirit of ammonia yá spirits of sulphuric ether darmiyán waqfah marz, pání mēn milákar pí saktá hai, dewen. Chehrah aur sínah par sard pání chhiraakte rahen.

Sawálát.

Bayán karo alámatēn naubat hysteria ki ?

Bayán karo múnásib iláj hysteria ke ?

ICTERUS; YĀNE YARQĀN.

Yih marz is tarah par wáqā hotá hai ki jis ráh se ki safrá antariyon mēn játá hai us mēn rukáo ho játá hai, khwá basabab gall-stones, yá farákhí-í-pardah multahmah yá paidá hone tashannuj ahтирақ mēn, yá hálát kamzorí gall ducts se.

Alámatēn.—Áñkh kí sufedí aur nákhúnon kí jaron mēn aur pesháb aur pákhánah aur jild badan par zardí hotí hai. Málish dil aur qai aur tishnagí bhí hotí hai, aur antariyon mēn inqabáz rahtá hai, aur badan mēn barí sustí. Jab ki yarqán basabab gall-stones ke wáqā hotá hai, to us súrat mēn yakáyak tez dard yá to khud kaurí mēn hotá hai yá kamar yá dáhiní kokh mēn hokar kaurí mēn chábak mártí hai, kabhí kabhí qai aur larzah aur ziyádatí pasínah kí bhí hotí hai, baghair bukhár yá sarat nabz ke. Baz auqát dard qabl az waqú yarqán paidá hotá hai, aur mutáddid dinon tak pai dar pai ahiddat se uṭhtá hai, aur kabhí ghuṭnon tak har martabah jári hai. Marz yarqán mēn larzah qabl az uṭhne dard ke bahut

the pain is acute and excruciating and occurs in paroxysms; the patient bends his body forward upon his knees, when not writhing in other directions. Should the pulse become hard and quick, the greatest care should be taken that the irritation does not run into inflammation. In that form of jaundice, in which the yellow inclines to green jaundice, recovery seldom takes place.

Treatment.—If there is acute pain, give opium in large doses, foment the pit of the stomach, give a warm bath, with purgatives of jalap and calomel. An emetic has sometimes proved useful. The morbid state of the bile should be corrected by alkalis, nitric acid, or the extract of taraxacum. When inflammatory symptoms are present, local blood-letting, with other antiphlogistic measures, must be resorted to.

Questions.

What is the nature of the disease called jaundice, and what is it caused by?

What are the usual symptoms of jaundice?

When the disease arises from the presence of gall-stones, what symptoms usually occur?

What is the treatment in a case of common jaundice?

Should there be inflammatory symptoms what treatment would you adopt?

ICTUS SOLIS; STROKE OF THE SUN.

Apoplexy thus caused by “a stroke of the sun,” is either sanguineous or serous, according to the temperament and habits of the patient.

Symptoms.—The person thus attacked, suddenly falls down in a state of stupor and insensibility, and if assistance is not immediately procured, seldom recovers, but in the course of a very short time dies. The sanguineous form may, if attended to in time, possibly be cured; the serous is always fatal.

Treatment.—If the patient is seen immediately after the seizure, copious bleeding from the temporal artery, and cupping on the

hotá hai. Dard tez aur shadíd bataur naubat uṭhtá hai. Maríz apne jisṁ ko áge kí taraf apne ghuṭṭon par jhukátá hai, darsúratí-ki kisé aur ḥal pench o táb nahín kartá. Jis hálát men kí nabz men saḡhtí aur sarat páí jáwe to niháyat liház rakhná cháhiye kí warm men sozish paidá na ho jáwe. Jis súrát men kí yarqán kí zardí máil basabzí ho to shafá sház o nádír hásil hogí.

Maq̃ljah.—Dar súrátiki dard tez howe, to barí maṭtád afiun kí dewen, aur fam medeh ko senken, aur garm pání se nahláwen, aur mushil jalap aur calomel ká piláwen. Adwiyah qaiáwar bhí baz muḥíd huí hain. Taghyyur jo kí safrá men hotá hai uskí durustgí bazariyah alkalis yane khár yá toxáb shorah yá extract taraxacum ke karen. Jis súrát men kí alámaten sozish kí maujúd hon, to tanqiyah khún muqám marz se karen, aur aisí tadbír amal men láwen jo kí harárat gharíz ko kam kartí hain.

Sawálát.

Kyá khása marz yarqán ká hotá hai, aur kis báis se yih marz paidá hotá hai ?

Kyá mamúlí alámaten yarqán kí hotí hai ?

Kyá mamúlí ásár pae játe hain jab kí yarqán basabab maujúd hone gall-stones ke wáqā hotá hai ?

Kyá iláj karná cháhiye darsúrat láhaq hone yarqán ke ?

Jis súrát men ásár sozish ke maujúd hon to us hálát men kyá karen ?

ICTUS SOLIS ; YANE LÚZDAH.

Ghashí jo kí basabab dhúp ke wáqā howe wuh bamújib mizáj aur tabíat yá to basabab kasrat khún ke yá ratúbat ke hotí hai.

Alámaten.—Jo shaḡhs kí is marz men mubtilá hotá hai wuh yaká-yak behis o hawás gir partá hai, aur agar fauran uskí madad aur khabargírí ná kí jáwe to bahut kam shafá pátá hai, balki thore se arsaḥ men mar játá hai. Agar marz damwí ká tadáruk barwaqt kiyá jáwe to mumkin hai kí maríz jánbar ho jáwe, magar marz bádí hameshaḥ muhallik hai.

Maq̃ljah.—Agar maríz bafaur mubtilá hone ke is árzah men páyá jáwe to temporal artery yane shiryán sadagh se khún bakhúbí

back of the neck, should be resorted to immediately, followed up as soon as possible by a dose of calomel and jalap. General bleeding should not be neglected, if a sufficient quantity of blood cannot be procured from the temporal artery. When the pressure on the brain by these means has in some degree been taken off, the calomel should be repeated, both as a purgative and as a sialogue, with a view of restoring the equilibrium of the system. Cold applications to the head are particularly efficacious. The head should be shaved, and a solution of the muriate of ammonia or nitrate of potass in water absorbed by a soft towel, with which the head should be covered. It is very rare that a person who has once suffered from this complaint, ever recovers the perfect use of his physical and mental faculties. It is well worthy of observation, that these consequences are certainly less, sometimes not at all, observable in those who have been salivated in course of the disease.

Questions.

What is the nature of the disease called ictus solis ?

What are the symptoms attending it ?

What treatment should you adopt ?

What effect has salivation on those who have suffered from the disease ?

LARYNGITIS; INFLAMMATION OF THE LARYNX.

Symptoms.—There is hoarseness or whispering with an almost total suppression of the voice. The breathing is hoarse, loud, and rough, with long inspirations, accompanied with spasmodic fits of difficulty of breathing, and even then the patient must be in an erect posture, or he will be suffocated. The face is pale and ghastly; the lips pale and livid, and the throat occasionally swollen. Sometimes the tonsils and tongue are swollen; sometimes there is a very hoarse cough with expectoration of viscid mucus. The pulse is rapid, there is a clammy sweat, and the pupils of the eyes are dilated. Death frequently occurs suddenly with a spasm on the third or fourth day. This disease generally occurs in adults, just as croup does in children, and arises chiefly from exposure to cold and wet.

lewen, aur guddí, men bharí huí síngiyán lagáwen, aur bad uske jald baqadar imkán ek maṭṭád calomel aur jalap kí dewen. Agar khún khatir khawá temporal artery yane shiryán-ul-sadagh se na áwe to tanqiyah áh ki taraf se bekhabar rahná na cháhiye. Dabáo jo ki dimágh par hotá hai us men agar in wasílon se kuchh takh-fif ho jáwe to calomel bataur mushil aur sialogue ke dená cháhiye, is nazar par ki jism men az sar-i-nau áitdál á jáwe. Lagáná sard chizon ká sir par kháskar bahut muassir hotá hai. Bál sir ke mundwá dálen, aur solution nitrate of ammonia yá nitrate of potash ko kisí báriq rúmál men jazb karke sir par dálen. Yih sház o nádir zahúr men áta hai ki bad ek martabah mubtilá hone ke is marz men qawái jismí aur zamírí mariz ke bilkul hálat aslí par áwen. Yih bhí yahán bayán karná cháhiye ki aise natíje is marz ke bahut kam hote hain, balki baz auqát zará bhí tamíz nahín kí játí darsúratiki hálat-i-marz men bímár ká munh láyá gayá ho.

Sawálat.

Kyá khasah marz ictus solis ka hotá hai ?

Kyá álamaten is marz ke sáth hotí hain ?

Kyá iláj karná cháhiye ?

Jo log is marz men mubtilá howen un ke munh láne se kyá asar hotá hai ?

LARYNGITIS ; YANE SOZISH HINJRAH.

Álamaten.—Is marz men galá baiṭh játá hai, aur kalám áhistah kiyá já saktá hai, aur áwáz bilkul dabí huí sí hotí hai, dam lene men giraftgi aur shor aur durustí hotí hai, aur sáns khinch kar áti hai, aur hamráh in báton ke bataur naubat tashannuj ke dam ruk kar áta hai, is hálat men bhí zarúr hai ki mariz sídhá rahe, nahín to dam ghuṭ jáwegá. Chehrah zard aur pazmurdah hotá hai, honṭh zard aur nílgun rahte hain, aur halaq kabhí kabhí phúl játá hai. Baz auqát tonsils yane halqúm aur zubán bhí phúl játí hai, kabhí kabhí aisá bhí hotá hai ki khánsí baiṭhí huí áwáz ke sáth uthṭí hai, aur uske sáth balgham chipaktá huá nikaltá hai. Nabz men sarat hotí hai, aur pasínah bemalúm áta hai, aur put-liyán ánkhoñ kí phail játí hain. Tíere yá chauthe din aksar auqát mariz tashannuj hokar yakáyak mar játá hai. Yih marz ziyádah-tar jawánon ko láhaq hotá hai, misl árzah croup ke jo bachchon ko

Treatment.—Bleed immediately very freely from the arm, so as to make the patient faint, then cover the throat with leeches; afterwards apply hot poultices or fomentations. Salivate as quickly as possible, give five or ten grains of calomel every two or three hours until it comes on, and rub the strong mercurial ointment into the groins and arm-pits, and inside of the thighs, three or four times a day, for as soon as the patient begins to spit, the danger is over. Should there be immediate danger of suffocation, you must not wait for the salivation, but open the wind-pipe at once, this operation being called “bronchotomy,” which will afford immediate relief, and enable you to go on with the mercury; for neither the mercury alone, or the operation alone, will save the patient; the two must be combined in the more severe cases. The after-treatment may be the same as followed in all cases of inflammation of the respiratory organs.

Questions.

What are the symptoms of laryngitis ?

What treatment should you follow ?

In cases of danger from immediate suffocation, what must you do ?

LEUCORRHEA; FLUOR ALBUS.

Symptoms.—This is one of the most common and the most obstinate diseases to which a female is liable; sometimes it is called the whites, at other times “a weakness.” The discharge most commonly arises from the upper part of the vagina, but in some cases it may be traced to a high degree of irritation of the womb itself. It should be remembered, that profuse leucorrhœa occurring at the period of life when menstruation generally ceases, is often a sign of structural disease, and hence the necessity of a careful examination. The pre-disposing and exciting causes of this complaint are various; it may arise from scrophula, frequent child-bearing: abortions, a disordered state of the menstruation, or from worms in the lower part of the intestines, such as the escharides in the rectum.

hotá hai, aur báis is marz ká aksar rahná sardí men yá namí men hotá hai.

Maáljah.—Fasd háth kí baghair tákhír karen, aur is qadar khún lewen ki mariz ko naubat ghash kí pahunché, bad uske gale ko jonkon so bhar den, aur iske bad ek bará poultice lagáwen, yá gale ko senk den. Jahán tak jald mumkin ho munh láná cháhiye, aur is nazar par páñch yá das grain calomel दूसरे दूसरे ghante dete rahen táwaqtiki munh á jáwe, aur tez mercurial ointment yane tez marham párah chaddon aur baghlon men aur zer zánú men din men tén yá chár martabah malen, kyunki jis waqt mariz ko thúkne kí táqat ho játi hai us waqt khauf ján ká nahín rahtá. Darsúratiki yih khatrá ho ki dam jald ruk jáwegá to intizár munh áne ká na karen balki halaq ko bilá támul khole, is amal ko bronchotomy kahte hain. Is ke zariyah se sauran ifáqah ho jáwegá, aur qábú istamál párah ká bhí milegá, kyunki na to faqt parah hí na yih amal sirf mariz ko bachá saktá hai, yih donon báten hálát shiddat men amal men láí jáwen, báqi maáljah bad iske wuhí hain jo ki sozish azái ta-naffus men kiye játe hain.

Sawdlát.

Kyá alámaten laryngitis yane sozish hinjrah kí hotí hain ?

Kyá maáljah karná cháhiye ?

Agar dam ghut áne ká khatrah ho pahle isse ki munh áwe to is hálát men kyá karná cháhiye ?

LEUCORRHOEA; YANE HAIZ.

Alámaten.—Jin amrázon men auraten mubtilá hotí hain un men se yih marz niháyat am aur niháyat ghair iláj pazír hotá hai, baz auqát is ko whites kahte hain, aur baz auqát weakness yane kam-zorí. Ikhráj aksar úpar kí taraf se unuq-ul-riham ke hotá hai, magar baz auqát is báis se hotá hai ki khud riham men bahut sozish ho játi hai. Yih yád rahe ki jab ki marz leucorrhœa yane haiz men ikhráj khún ziyádatí se howe, aur yih marz us zamáne men wáqá ho jab ki haiz mauqúf ho játa hai to aksar yih alámat structural yane mánind fitiq ke hotí hai, aur isí jihat se pur zarúr hai ki is marz ki tashkhhís men khauz karen. Jin báison se medeh láhaq hone is marz ká paidá hotá hai wuh mutaddid hain. Yih marz basabab scrophula yane kanthmálá yá bárbár ke janne yá abortion yane isqát hamal yá menstruation yane beqáidah áne

Treatment.—Attention should be paid to the stage of the circulation and general health. If there is a quick pulse, a coated tongue, thirst, with determination of blood to the head; bleeding from the arm, together with active purging, and keeping your patient on a vegetable diet, may perhaps remove the disease, without the employment of local remedies. Leeches to the groins, or cupping over the loins, is however in general of great service, in the acute form. The bowels are to be kept open, but if the digestion is impaired, the purgatives employed must be mild in their nature. The best local application is a solution of the nitrate of silver, commencing with three grains to the ounce of distilled water, gradually increasing the strength. A curved bone syringe should always be used, and the patient should place herself in the recumbent posture, and remain so for several minutes after the syringe has been removed. The nitrate of silver causes neither pain nor irritation.

Questions.

Describe the symptoms of leucorrhœa ?

Enumerate some of the causes that may give rise to the disease ?

What constitutional treatment should you adopt ?

What local application to the vagina has been strongly recommended ?

LUMBAGO; RHEUMATISM OF THE LOINS.

Symptoms.—There is very severe pain in the muscles of the loins, descending on the outer side of the thighs and increased on motion, accompanied with more or less fever; the pulse is quick, soft, and full; the tongue white, and the urine high coloured. There is profuse sweating, the parts are hot, swollen and painful, increased by heat.

Treatment.—If the patient is plethoric, you must bleed both generally and locally, and apply cold or tepid lotions to the part. Internally you must give the following saline mixture :

haiz yá babájs par jáne kíron ke niche ke hissah men antariyon ke, misl kíron escharides ke jo ki miqad men par játe hain paidá ho saktá hai.

Maqljah.—Tawaji taraf hálat daurah khún kí karen, aur riyáyat sab tarah kí sihat ke rakkhen. Agar nabz men sarat aur zubán par mail aur tishnagí howe, aur iske dimágh men khún thahar jáwe, to lená háth kí fasd ká aur dená tez mushil ká, aur rakhná marízah ko ghizai qism baqulát par sháyad is marz kodafa kar saktá hai, baghair iske ki maqljah khas muqám i marz par aml men áwe. Lagáná jonkon ká chaddon men aur síngion ká kamar men jab ki marz acute yane shadíd hotá hai niháyat fáidah rakhtá hai. Antariyán khulí rakhní cháhiyen, lekin agar házmah kharáb ho gayá ho, julláb dene cháhiyen, magar sakht qism ke na hon. - Bahtar dawá jis ká istamál muqám marz par karná cháhiye wuh yih hai ki solution nitrate of silver ká bamiqdár tén grain ek ounce tapkái hue pání men milákar shurú karen, isse darjah badarjah táqat barhtí hai. Pichkárí terhí haddí kí hamesháh kám men lání cháhiye, aur marízah ko cháhiye ki bad nikalne is pichkárí ke chand lahzah tak khamídah rahe. Nitrate of silver se na to ízá na sozish hotí hai.

Sawálat.

Alámaten leucorrhœa kí bayán karo ?

Chand bájs paidá hone is marz ke bayán karo ?

Kyá iláj baliház ám sihat ke karná cháhiye ?

Kaunsi dawá wáste unuq-ul-riham ke munásib hai ?

LUMBAGO ; YANE DARD-I-KAMAR.

Is bímárí men kamar ke patthon men shiddat se dard hotá hai, aur úpar kí taraf zánú ke utar átá hai, aur harkat se ziyádah hotá hai, aur hamráh is dard ke kam o besh bukhár bhí hotá hai. Nabz saríh aur narm aur mumtalí rahtí hai, aur zubán sufed aur pesháb tez rang ká. Pasínah bashiddat átá hai, aur ajzáe muqám marz ke phúle hue hote hain, aur garmí se barh játe hain.

Maqljah.—Agar maríz damwí mizáj ho to tanqiyah khún bazariyah fasd ke aur muqám marz ke donon tarah par karen, aur sard yá ním garm lotion muqám marz par lagáwen, aur kháne ke liye murakkab adwiyah zel dewen :

Liquor Ammonia acetatis, half an ounce,
 Camphor mixture, half an ounce,
 Wine of colchicum, twenty drops,
 Antimonial wine, twenty drops,

regularly every six hours, having previously cleared the bowels out with a full dose of calomel and jalap. Animal food and fermented liquors should be strictly forbidden during the active stage; barley water or toast and water, with a little plain sago, are all that should be allowed. If there should be very great pain, the hot bath may be given twice a day. When the inflammation is subdued, counter-irritation by tartar emetic ointment or mustard poultices will be of service. The strength may be supported with quinine, or any aromatic bitter.

Questions.

What are the symptoms of lumbago ?

What treatment should you adopt ?

MENORRHAGIA ; PROFUSE MENSTRUATION.

This disease may be either active or passive; the former arising from too great activity in the vessels of the uterus, the latter from a want of tone in their secreting orifices.

Symptoms of the active form.—Sometimes for two or three days before the expected period, there is a sensation of unusual fulness about the pelvis, with throbbing of the womb, along with sense of heat and weight, the external parts of generation are often slightly swollen, and the breasts become hot, tumid, and painful. The circulation is quickened, the mouth hot, the tongue dry, with thirst, and there is a general feeling of oppression, with headache and giddiness. After these symptoms have lasted for a certain time, menstruation begins; but the discharge comes on with violence, in gushes, and usually accompanied with pure blood. The progress is then variable; sometimes after the first few hours the patient feels relieved, lighter and cooler, and the rest of the period passes over more quietly and naturally; but in more aggravated cases, the flow still proceeds in equal or increased quantity, and lasts for several days, occasionally subdued, but again breaking

Liquor ammonia acetatis, ádhá ounce,

Camphor mixture, ádhá ounce,

Wine of colchicum, bís qatrah,

Antimonial wine, bís qatrah.

Istamál is dawá ká har chhah ghanṭe ke bad karen, magar pahle antariyon ko purí mutád jalap se saf kar len.

Kháne se gosht ke aur pine se sharáb ke darmiyán shiddat marz ke batákíd parhez batláná cháhiye, sirf áb-i-jau yá senki hue nán páo aur pání ke mah thore se sago ke ijázat dení cháhiye.

Agar dard shiddat se howe to din men do martabah garm pání men biṭhlá sakte hain. Jab ki sozish kam ho jáwe to counter-irritation bazariyah marham tartar emetic yá rái ke poultice ke musid hogá. Táqat mariz kí bazariyah quinine yá kisi talkh dawá ko bahál rakh sakte hain.

Sawálat.

Kyá álamaten marz lumbago kí hotí hain ?

Kyá iláj karná cháhiye ?

MENORRHAGIA: YANE BAKASRAT ÁNA KHÚN HAIZ KÁ.

Yih bímári do qism kí hotí hai, ek to active yane mutaharrik, aur dusrí passive yane thahri huí. Pahlí qism paidá hotí hai basabab niháyat harkat urúq-i-ríhm ke, aur dusrí basabab na hone quwwat ke urúk mazkúrah ke siron men jinse khún átá hai.

Alámaten qism úrzah active yane auwal kí.—Baz auqát do yá tñ din pahle ayám haiz ke. Ek khas purí sí qaríb muqám warq ke malúm hotí hai aur bachhedún dharaktá hai, aur garmí aur bojh malúm hotá hai, aur berúni azá-i-furj kí phúl-játe hain, aur chhátion men garmí aur ubhár aur dard ho játá hai. Daurah khún men sarat hotí hai, aur dahan garam, aur zabán khushk aur tishnigí paidá hotí hai, aur aksar auqát taklíf dard sir aur daurán sir kí hotí hai. Bad rahne in álamaten ke, ek khas arse tak ijrái khún haiz shurú hotá hai, magar sáth shiddat ke aur aksar khális khún áta hai. Bad iske taraqqí is marz kí mukhtalif tarah par hotí hai, baz auqát pahle chand ghanṭon ke marizah ko ifáqat malúm hotí hai, aur wuh apne tañ subaktar aur sard patí hai, aur baqí auqát ziyádahtar qarár o árám aur hálát aslí men guzartí hai, lekin hálát ziyádatí marz men baháo haiz ká barábar yá ziyádah miqdár men barhtá játá hai, aur kai din tak

forth upon the slightest exertion, till at the end of the period the patient is left weak and languid, with a feeble pulse and pale countenance. By the time of the recurrence of the monthly period the individual is perhaps restored to the previous state of health, but the same train of circumstances is again renewed with perhaps increased severity, and the complaint rarely lasts long without the number of days intervening between the periods being rapidly diminished, till at last scarcely one period is over before the next approaches. *The causes* of the active form of the disease. It is found to occur in plethoric habits, in those who live a sedentary and indolent life, aggravated or excited by luxurious living, hot rooms, and also by very violent exercise, or any other very fatiguing exertion.

Treatment of the acute form.—In a patient who has been till recently in a robust and plethoric habit of body, and in whom the disease has been of recent origin, or has arisen from temporary and accidental causes, you should bleed from the arm, judging of the quantity to be taken by the powers of the patient, and the severity of the symptoms. Cold should then be applied freely to the abdomen, pelvis, loins, and back: the cold hip bath, dashing cold water, or vinegar and water on the person, injecting cold water into the vagina, and applying ice, both externally and internally, to the os uteri. Strong astringent injections into the vagina, consisting of solutions of alum or sulphate of zinc in infusion of galls, or decoction of oak bark, are often of service. In obstinate cases, where all other plans have been tried in vain, the following remedy though resulting in serious mischief occasionally may be followed. A gum elastic male catheter is to be carefully inserted into the womb itself, and by means of a syringe, about thirty or forty drops of a weak solution of alum or sugar of lead (five grains of either to one ounce of water) is to be very carefully injected, and the catheter to be removed as soon as it produces pain in the back. Accumulations of hard fœces in the rectum should always be removed as soon as possible by a clyster of cold water. Internally, the patient should take from one to three grains of the sugar

rahtá hai, aur agarche yih kabhí kam ho játá hai lekin filjumlá harkat aur mahnat se phir járí ho játá hai, aur ákhir ayám haiz tak marízah zaíf aur sust ho játí hai, aur nabz zaíf aur chehrah zard ho játá hai. Tawaqtiki aud karne máhwári ayám haiz ke marízah ghálban pahlí hálat i sihat par á játí hai, lekin wuhí sil-sila az sarenau shurú hotá hai balki sháyad ziyádah sakhtí se, aur yih marz sház o nádír hí bader rahtá hai, baghair is ke ki tadád dinon kí jo ki mábain do haizon ke hotí hai, jald kam na ho jáwe hattá ke ákhirkár hanoz ek zamána ayám haiz ká ákhir nahín huá hai ki dusrá waqt uská nazdík á játá hai, bad iske yih marz qism doyam se ho játá hai, khwá baliház muqám marz, khwá baliház aur alámaton ki. Báis paidá hone awwal qism is marz ke, yih bímárí un auraton ko áyad hotí hai jo damwí mizáj haiñ aur unko jo ki beharkatí aur káhili men umr basar kartí haiñ aur ziyádah ho játí hai yá paidá hotí hai basabab aish o ashrat aur garm kamron, aur bhí bahut sakht riyázat aur bahut thakánewálí mahnat ke.

Maqálah qism awwal ká.—Jo marízah ki hanoz tawáná aur damwí mizáj ho aur yih bímárí chand roz kí ho yá árzí, aur ittifáqí báison se láhaq huí ho to uske bázú kí fasd lení cháhiye, magar táqat marízah aur sakhtí alámat se khiyál miqdár khún ká malhúz rahe. Bad iske sard chízen perhú, aur muqám warq, aur kamar, aur pusht par lagání cháliyen. Tába kamar sard pání men baiṭhná aur tarerá áb-i-sard ká yá sirka aur pání jism par dálná aur pichkárí se furj men ṭhandá pání dálná aur lagáná barf ká báhar aur andar rihm ke mufíd hai. Dená qawí qábiz pichkáriyon ká furj men mushtamil solution yane gholí huí alum, yá sulphate of zinc, infosion of gall, yane khisándah májú men yá joshándah oak bark men aksar mufíd hotá hai. Jahán ki aur tadbíren beqáidah wáqa huí haiñ iláj marqúmat-uz-zail agarchi súrat-i-kharábí-i-azím hai lekin kabhí kabhí zarúratan mauqe se amal men á saktá hai. Ek gond kí salái hoshiyárí se rihm ke andar rakkhí jáwe aur bawasiláh ek pichkárí ke tís yá chálís qatreh ek halkí solution yane gholí huí phiṭkarí yá sugar of lead ke páñch grain ek ounce pání men bahtiyát tamám andar dáli jáweñ, aur salái hattái jáwe, bafaur is ke ki wuh pusht men dard paidá kare. Chahiye ke hamesha huttul wasah bahut jald bráz sakht jo ki miqad men jama ho gayá hai níkalá jáwe áb-i-sard ke huknah se, aur is asnáí men marízah ko cháhiye ki ek se tén grain tak sugar of lead aur chauthái grain opium

lead and a quarter of a grain of opium, every two, three or four hours, according to the urgency of the symptoms. Large doses of the nitrate of potash or of the oil of turpentine have occasionally been given with success. Alum whey may be given as drink, or a very weak solution of sulphuric acid, five drops of the acid to a pint of water, made palatable with sugar. In all these cases, you should first thoroughly examine and see, if there is not a polypus, which may be causing the hæmorrhage. It is always indispensable that the patient should keep perfectly quiet, and retain the horizontal position.

Symptoms of the passive form.—The patient is habitually languid, has palpitations of the heart, and violent headaches, with throbbing and beating of the temples, singing in the ears and giddiness, all arising from debility. When the complaint has been of long standing, but not very suddenly violent, the complexion becomes sallow and cadaverous, the countenance either pinched and emaciated, or bloated and anasarctous; the pulse rapid and feeble, the legs and feet dropsical, the respiration short and difficult.

The causes of the passive form.—They are caused by all those circumstances which lower the bodily powers, and weaken the action of the heart and arteries. The local causes may be blows or falls, or any other local violence; frequent and recent abortions, fluor albus, irritation in the bladder, diarrhœa, tenesmus, piles, worms, or dried fœces in the rectum, habitual or accidental costiveness, and organic or functional disease of the liver.

Treatment of the passive form.—If the individual should be plethoric, bleeding may be required. Cooling saline medicines may be taken, and the bowels kept open by an infusion of roses and epsom salts, and if it irritates the bowels, tincture of henbane may be added. Cold hip bathing, and also cold astringent injections, will be found useful. Perfect rest should be ordered. The diet should be farinaceous, and all wines left off. In the more feeble constitutions, the sulphate of zinc has been given with very great benefit, in doses of one or two grains, three times a day, made up into a pill. The steel wine also in full doses has proved

har ek do yá tīn yá chār ghañṭe bad bamújib zarurat alámaton marz ke píwe. Bare maṭádon shore ke, kḥár yá roghan turpentine ke dene se baz auqát bahut fáidah hásil huá hai. Pání alúm bajái pání píne ke liye diyá já saktá hai, yá ek bahut kamzor solution of sulphuric acid ká; páñch qatre acid mazkúr ke nisf botál pání men misrí milákar qábíl píne ke kar diye jáwen. In tamám hálaton men awwal baḥhúbí imtihán karná cháhiye, aur dekhná cháhiye ki áyá koí dumbal rihm men na ho kyunki yih dumbal bájs ijrái kḥún ho saktá hai. Yih bát hameshah munásib hai ki marízah apne taín baḥhúbí chuṭháp rakhe aur sídhí leṭí rahá kare.

Alámaton marz qism doyam yane bakasrat áne kḥún haiz kí.—Marízah harwaqt sust rahtí hai, aur dharakná dil ká aur dard sir shadíd rahtá hai, aur kanṭaiyon men bharak aur dhamak hotí hai, aur kánon men sansanáhat aur daurán sir hotá hai, aur yih tamám báten basabab nátawání ke hotí haiñ. Jab ki yih marz muzminah ho gayá ho aur dafátan uskí shiddat nahíñ huí hai to rang chehrah ká zard aur murdah ká sá, aur chehrah sutá huá aur lághar yá ámásídah aur phulá huá ho játá hai, nabz tund aur zaíf, aur tángen aur páñw misl mustasqí ke, aur tanaffus kotáh aur mushkil ho játá hai.

Bájs paidá hone marz qism doyam ke.—Yih bímárí tamám un báton se paidá hotí hai, jo ki jisme quwwaton ko kam aur harkat dil o shiryán ko kamzor kartí haiñ. Kḥás bájs ho sakte haiñ sadmát yá girṭarná, yá koí aur kḥás sabab aksar aur nayá honá isqát-i-hamal ká aur áná ratúbat ká, yá harárat masáne, yá ishál aur maṭorá, yá bawásír, yá kíre, yá kḥushk baráz miqad men, yá ádatí, yá ittafáqí inqabáz aur azwí, yá kisí tarah ká árzah jigar ká.

Maqljah qism doyam ká.—Agar marízah men ziyádatí kḥún maḷúm hotí ho to kḥún lene kí zarúrat hosaktí hai. Sard karnewálí namkín adwiyah amal men á saktí haiñ, aur rodeh khole jáwen bazariyah kḥisándah guláb aur epsom sált ke, aur agar wuh rodon men kḥalish paidá kare to tincture of henbane us men shámil kyá jáwe. Kúlah tak sard pánoi men baiṭhná aur bhí ṭhandí qábiz pichkáriyán bahut mufíd hongí. Maríz ko tákíd istaráhat se rahne ki kí jáwe. Ghizá raqíq o muqawwí honí cháhiye, aur tamám sharáben tark kará dí jáwen. Ziyádatar nátawán jism wálon ko sulphate of zinc diyá gayá hai, aur usse

beneficial, acting as a tonic in numerous cases. In that form of the disease arising from a disordered liver, or a retarded state of the circulation through the abdominal veins, the patient should take small doses of plummer's pill, to act as an alterative, assisted by full doses of the decoction or the extract of taraxacum. The bowels should be regulated by a pill composed of ipecacuanha, soap and rhubarb, assisted if necessary by a clyster of soap and water. Great relief will often be felt by the application of a few leeches from time to time to the anus.

Questions.

How many forms of menorrhagia are there ?

What are the usual symptoms of the active form ?

Enumerate some of the causes that give rise to the active form of the disease ?

What treatment should you adopt in the active form of the disease ?

What are the usual symptoms of the passive form of the disease ?

What are the causes that may give rise to the passive form of the disease ?

What treatment is to be adopted in the passive form of the disease ?

NEPHRITIS; INFLAMMATION OF THE KIDNEYS.

Symptoms.—More or less fever, with pain in the loins, chiefly confined to one side, which runs along the ureter towards the bladder, and down the inside of the thigh: nausea, vomiting, a constant desire to make water, retraction of the testicle of the affected side, which is sometimes swollen and painful; the urine is scanty and red. This disease may be distinguished from lumbago by the following signs. In lumbago, the pain is generally felt on both sides of the loins, in nephritis only on one side: in lumbago the pain descends to the outer side of the thigh, along the course of the sciatic nerve, and increased on motion, whereas in nephritis, the pain generally only extends to the bladder, testicle, and inside

bahar bahar fāidā hū hai; yih dawā, ek yā do grain din bhar men tīn dafa golī banā kar dī jāti hai. Steel wine bhī purī maṭāden men aksar mariz ko fāidamand wāqā hū hai, kyunki muqawwī hai. Us qism kī bīmārī men jo ki betarkībī jigar se yā ruke hue daurah khūn ke se darmiyān uruq perū ke paidā hotī hai, mariz ko halki maṭāden plummer's pill kī den, kyunki yih tartīb dahindah hai, aur iski madāt ke liye purī maṭād joshāndah yā extract of taraxacum ke dewen. Chāhiye kī rodah tartīb diye jāwen ek golī se joki banāi jāwe ipecacuanha aur sabūn aur rewand chīni se, aur bashart zarūrat madād kī jāwe sāth ek huqnah sābun aur pānī ke, aur kabhī kabhī miqad par chand jonken lagāne se aksar barī taskīn malūm hogī.

Sawālāt.

Kitne iqsām ārzah kasrat āmad khūn haiz ke hain?

Kyā hain mamūlī alāmaten qism awwal yane mutharrik kī?

Bayān karo bāzē bāis jo ki mujib paidā hone qism awwal ārzah kasrat āmad khūn haiz ke hote hain.

Kyā ilāj iḥtiyār karoge wāste qism mutharrik bīmārī mazkūr ke?

Kyā hain mamūlī alāmaten qism passive yane thahre hue ārzah mazkūr ke?

Kyā hain sabab jo ki bāis hadus qism doyam ārzah mazkūr ke hote hain?

Kyā ilāj iḥtiyār karnā chāhiye qism doyam men ārzah mazkūr ke?

NEPHRITIS ; YANE SOZISH-I-GURDAH.

Alāmaten.—Kam o besh bukhār aur uske sāth dard kamar rahtā hai, aur yih dard ziyādatar ekhī jānib men hotā hai, aur wahān se phail kar taraf masānah ke utar ātā hai, aur tale kī taraf zānū ke jātā hai. Mālīsh-i-dil aur qai aur har dam hājat peshāb kī hotī hai, aur usī taraf kā bezah jidhar ko khalal hotā hai charh jātā hai, aur kabhī us men warm aur dard bhī hotā hai, aur peshāb thorā aur surkh rang ātā hai. Is marz men aur dard kamar men tamiz alāmaton zail se ho saktī hai, dard kamar men amūman dard donon jānib men kamar ke malūm detā hai, aur sozish gurdah men faqt ekhī taraf. Dard kamar men, dard upar kī taraf zānū ke sciatic nerve kī taraf hotā hū utartā hai, aur harkat karne se ziyādah hotā hai,

of the thigh. This disease may be caused by exposure to cold; from mechanical violence, such as a blow, twist, or fall; or it may be caused by the use of turpentine or cantharides; or by a stone in the kidney.

Treatment.—Bleeding, both general and local, by cupping or leeches, calomel purges and the warm bath. Fomentations should be constantly renewed, and if the first bleeding does not afford the necessary relief, it should be repeated again and again, according to the strength of the pulse and the urgency of the symptoms. Should suppuration ensue, you must support the strength of the patient, tranquillize him with anodynes, and perhaps give the uva ursi.

Questions.

- What are the usual symptoms of nephritis ?
- How is nephritis distinguished from lumbago ?
- Enumerate some of the causes that give rise to nephritis ?
- What treatment should you adopt ?

OPHTHALMIA SIMPLEX; SIMPLE OPHTHALMIA.

Symptoms.—An itching, followed soon by pain, as if sand or dust was applied to the eye, redness, heat, tension, and throbbing, aggravated by motion or light, and increased flow of scalding tears. Sometimes the eye is unusually dry. In severe cases, the pain shoots from the eye-ball as it were through the head; there is fever, a full, strong hard pulse, generally preceded by rigors. When the eye is examined in the acute stage, the vessels are observed to be superficial and distinct, and to run in *straight* lines, and when the smaller branches are injected, the conjunctiva presents a uniform red appearance. When the disease has become chronic, the vessels become *winding* in their course, and purple in colour.

Treatment.—If the pulse be hard, and the excitement great, you must bleed freely from the arm, following it up with leeches, fomentations, brisk purgatives, nauseating doses of tartar emetic and blisters. When the disease assumes the chronic form, attend the bowels, scarify the inside of the eyelids if they

khilāf iske gurdah kī sozish men dard gūmān sirf taraf masānah aur foton aur niche kī taraf zānū ke phailtā hai, yih marz basabab khāne sardī ke yā kisī āseb se misl ghūnse yā maror yā girne ke paidā ho saktā hai, yā basabab istāmāl turpentine yā cantharides yāne mulk Spain kī makkhī ke, yā babāis hone pathrī ke gurdah men lāhaq ho saktā hai.

Maqljah.—Tanqiyah khūn kā bazariāh fasd aur lagāne sūngion yā jonkon ke muqām marz par karen, aur mushil calomel kā dewen, aur ghushl garm pānī se aur senk dambadam jāri rahe, aur agar pahle tanqiyah khūn se ifāqah na howe, to nazar bar tāqat mariz aur zarurat marz ke tanqiyah bārbār karte rahen, agar gurdah pak jāwe to tāqat mariz kī bahāl rakkhen, aur bazariāh adwiyah khwāb-āwar ke usko taskīn dewen, shāyad dawāi uva ursi kā istāmāl kar sakte hain ?

Sawālat.

Kaunsi mamūlī ālāmāten sozish gurdah kī hotī hai ?

Kyunkar sozish gurdah dard kamar se tamiz kiyā jātā hai ?

Chand bāis bayān karo jinke sabab sozish gurdah paidā hotī hai ?

Kyā ilāj karnā chāhiye ?

OPHTHALMIA ; YANE DUKHNĀ ĀNKHON KĀ.

Ālāmāten.—Pahle khārish hotī hai, aur badhū dard is tarah par ki goyā ānkhon men ret yā khāk bharī huī hai. Ānkhon men surkhī aur garmī aur phulāo aur lapak hotī hai, aur harkat roshnī se ziyādātī hotī hai, aur bahnā ānsuon kā ziyādah hotā jātā hai. Baz auqāt ānkh men ghair mamūlī khushkī pāī jātī hai shadīd sūraton men bukhār bhī rahtā hai, aur nabz pur aur qawī aur saḡht hotī hai, aur agar bad iske rigors yāne phureriyān ātī hain. Jab ki hālat-i-shiddat men ānkh ko dekhte hain to ragen satah ki ūpar aur judā aur khat-i-ustuwār men malūm detī hai, aur jab ke chhotī ragon ko mulāhizah karte hain to conjunctiva surkh hotā hai, jis sūrat men yih marz kohnah hō jātā hai to ragen apnī rāh men pechīdah ho jātī hain aur arghawānī.

Maqljah.—Agar nabz men salābat howe, aur khalish ziyādah to fasd hāth kī karen, aur khūn khātirkhwā len, aur bad iske jonken lagāwen, aur senken, aur tez jullāb aur mālīsh paidā karnewālī mautād tartar emetic kī dewen, aur blister lagāwen. Jab ki yih marz kohnah ho jāwe to antariyon ke hāl par tawajjah rakkhen,

are much swollen; employ astringent and stimulating washes, a weak solution of caustic, one or two grains to an ounce of distilled water; the vinum opii and blisters to the temples or behind the ears. When the disease is attended with purulent discharge, before you attempt to open the eyelids, bathe them well in warm water. After the termination of the disease, the eyelids are often left in a soft swollen spongy state; to remedy this, use the ordinary astringents; should these fail, apply caustic once every third day, taking great care first of all to evert the eyelid completely, and to bathe the part in a little warm milk and water after the application. In the *purulent ophthalmia of infants*, should both eyes be affected, apply one leech to each temple; give one grain of calomel and two of scammony twice a day, until the bowels are well opened; keep the eyes very clean, and the eyelids from sticking together—this may be done by injecting warm milk and water gently three or four times a day between them, and then applying a little sweet oil to them; exclude the light; keep the child in a cool, well ventilated room; use the warm bath morning and evening; examine the eye thoroughly once or twice a day, and give an occasional opiate. After the inflammation is thoroughly subdued, should the vascularity remain, or the mucous membrane be in a fungous or granulated state, employ an astringent or even a stimulating injection. Should the granular state resist this, you must apply caustic or else scarify them. On the decline of the disease, a mild tonic plan of treatment may be adopted.

Questions.

What are the usual symptoms of simple ophthalmia ?

Describe the appearance of the eye when examined, in the acute stage and in the chronic ?

What treatment should you adopt in the acute stage ?

What treatment in the chronic form of the disease ?

In the *purulent ophthalmia of infants*, what treatment should you adopt in the acute stage, and what in the chronic stage ?

aur andar kí taraf papoṭon ke chír den, agar un men warm ziyádah howe, aur qábiz omutharrik wásh kám men láwen, maslan ek halká sá solution caustic ká bamiqdár ek yá do grain ek ounce pání men istamál karen, aur vinum opii aur blister kanpation par yá kán kepíchhe lagáwen. Jab ki is marz men rímdár mádah bhí khárij hotá ho, to qabl az chírne papoṭon ke unko garm pání se khúb dhoná cháhiye, bad ikhtitám is marz ke aksar auqát papoṭe naram aur phúle hue aur sponge kí mánind hote hain; wáste un ke durust karne ke mamúlí adwiyah qábiz kám men láwen, aur agar inse kuchh fáidah na howe, to har tísre din caustic yane tezáb lagáte rahen, magar is bát ka bahut liház rahe ki awwal papoṭe ko bilkul ulat den, aur thore se dúdh aur pání men dho kar dawái mazkúreh ká istamál karen. Agar bachchon ko yih árzah howe, aur donon ánkhon se mawád rímdár járí howe, to ek ek jonk donon kanpation par lagáwen, aur ek grain calomel aur do grain scammony yane saqmonia ek din men do martabah dete rahen, táwaqtiki antariyán bakhúbí khul jáwen. Ánkhon ko bahut sáf rakkhen, aur papoṭon ko chimaṭne na den, bazariyah dálne garm dúdh aur pání ke áhistah áhistah ek din men tén yá chár martabah, aur bad iske zará sá míthá tel un men lagáwen, makán men roshní na áne den, aur bachche ko sard hawádár makán men rakkhen, aur subah o shám garm pání se nahláwen, ánkho ko baghaur ek din men ek yá do martabah dekhte rahen, aur kabhí kabhí adwiyah opium ámez dewen, jab ki sozish bilkul rafa ho jáwe aur pardah urúq balghamí aur dāncdār sá howe, to pichkárí qábiz balki maharrik dewen. Agar yih dāne is tadbír se isláh pizír na hon, to caustic yane tezáb lagáwen, nahín to chír den. Barwaqt kam hone is marz ke iláj halká aur quwwat bakhsh ikhtiyár karná cháhiye.

Sarvólát.

Kyá mamúlí alámaten marz ophthalmia kí hotí hain ?

Hálat shiddat men yá jab ki yih marz kohnah par játá hai to ánkho kí shakl kaisí hotí hai ?

Hálat shiddat men kyá iláj karná cháhiye ?

Jab ki yih marz kohnah ho jáwe to kyá iláj karen ?

Jin súraton men ki bachchon ko yih marz láhaq howe aur mawád rímdár járí ho to hálat-i-shadíd aur kohnah men kyá iláj karná cháhiye ?

When the disease declines, what class of medicines should you give the child ?

PERITONITIS; INFLAMMATION OF THE PERITONEUM.

This disease may assume either the acute or chronic form.

Symptoms of the acute form.—This affection frequently commences by a shivering more or less prolonged, accompanied by a feeling of general indisposition and weariness in the limbs. At an uncertain period reaction takes place, and heat of skin more or less pungent, with headache, constriction of the epigastric region, a frequent, hard, concentrated pulse, together with heat and excruciating pain in the abdomen, the weight of the bed clothes even aggravating it; the patient lies constantly on his back, and cannot without increase of suffering lean to either side; he keeps his knees in a slight degree elevated. His respiration is frequent, small, and interrupted, and chiefly performed by the abdominal muscles. In some cases the abdomen becomes tense and swollen. There is also hiccup, nausea, and vomiting. The bowels are generally obstinately costive, though occasionally relaxed. The pulse, as the disease advances, is frequent and small, ranging from 120 to 130 in the minute, and feels like a small whip-cord or harp-string. The tongue is covered with a whitish fur, the urine is scanty and high coloured, and there is excessive thirst, which the patient fears to gratify in consequence of the vomiting which ensues. The disease may remain stationary for thirty or forty days, but in most instances, the patient sinks in sixteen or twenty-four hours unless relieved. The approach of death is marked by a cessation of pain, by the pulse becoming quicker, smaller, and very weak, feeling like a soft undulating line; the extremities and the whole body becomes cold, the abdomen becomes more tumid and tense, but in some cases soft and relaxed; the face is sunk and especially hollow round the eyes; the vomiting is succeeded by regurgitation of the liquid contents of the stomach; sometimes delirium or coma, at other times, convulsions of the head or limbs. Acute peritonitis may terminate by resolution, by effusion, by gangrene, or it may assume the chronic form. *Resolution* may take place between the fifth and twentieth day. It is indicated by a cessation of pain, fever, and other inflammatory symptoms; the neighbouring organs resume

Jab ki marz kam hone lage to kis qism ke adwiyah dení cháhiye?

PERITONITIS.

Yih bímárí do qism kí ho saktí hai, shadíd yá kohnah.

Alámaten qism shadíd kí.—Yih bímárí aksar shúrú hotí hai sáth ek larzeh ke jo ki bahut yá thoṛí der rahtá hai, aur maḷúm honá kasalmandí aur sustí-i-azá ká iske sáth hotá hai, ek betahqíq waqt men amal is ká muqarrar wáqa hotá hai, aur garmí jild kí kam yá ziyádah tez ho játí hai, sáth dard sir aur bastgí-i-muqám-i-báláe medeh ke, aur nabz sarí aur saḡht aur pechídah hotí hai, aur garmí aur taklíf dihandah dard is qadar perú men hotá hai, ki bojh bistar ke kapron ká bhí use ziyádah kar detá hai. Maríz hameshah chit pará rahtá hai, aur bidún ziyádatí taklíf ke karwat nahín le saktá hai, aur apne ghuṭnon ko filjumláh únchá rakhtá hai. Uská tanaffus sarí aur kotáh aur ruká huá hotá hai, aur liyá játá hai sáth puṭṭhon mutalliq perú ke. Bazí háláton men perú tan aur phúl játá hai, us men lichkiyán aur ghasýán aur qai áná bhí hotá hai. Ánten amúman niháyat shiddat se munqabiz ho játí hain, go kabhí kabhí dhílí par jáwen. Jab ki yih bímárí barhtí hai nabz sarí aur patlí hotí hai, aur ek sau bís se ek sau tís tak ek minute men harkat kartí hai, aur mahsús hotí hai, misl ek chhoṭe chábuk kí dor yá tár barbat ke, zubán safedí máil kánton se chhip játí hai, pesháb kam átá hai, aur niháyat rangín hotá hai, tishnagi bashiddat hotí hai, lekin maríz babájs kḥiyál istafrágh kuchh pí nahín saktá, is andeshah se ki istafrágh hotá hai. Yih bímárí qáyam rah saktí hai tís yá chálís din tak, lekin aksar muqám men yih daryáft huá hai ki darsúrat iláj na hone ke maríz kí hálát solah yá chaubís ghanṭe men tabáh ho játí hai. Qurb maut ká mauqúf-i-dard aur tezí aur báriki aur zauf nabz se maḷúm ho játá hai, nabz is mauqa par misl ek laharnewále mad ke mahsús hotí hai, háth pánw aur tamám jism sard rahtá hai, aur perú ziyádatar ámásídah aur saḡht ho játá hai, magar bazí háláton men muláyam aur dhílá bhí hotá hai, chehrah utar játá hai, aur kḥasúsan ánkhon ke gird halqeh par játe hain, baḍ qai áne ke yih hotá hai ki mawád raqíq medeh ká wápis játá hai, baze waqt hizýán yá behoshí, aur baze auqát sir yá azá men tashannuj hotá hai.

Qism shadíd ikhtitám pá saktí hai sáth tahlíl hone yá ziyádah

their functions, the patient can turn on his side, and bear pressure on his abdomen, (which should in all cases be made with the palm of the hand, and not with the points of the fingers,) nausea and vomiting disappear, the pulse becomes slow and soft, the urine abundant, the perspiration copious, and the sleep is quiet and refreshing. *Effusion*: the fluid effused may be serum, pus, or in some rare instances blood; they may exist singly or in combination with each other, or with coagulable lymph. The symptoms which denote effusion, are diminution of the abdominal pain, with sense of weight and oppression in the affected part, irregular chills, softness of the pulse, paleness of the countenance, and coldness of the extremities; fluctuation may also occasionally be felt. *Gangrene*: the symptoms of this termination, are sudden cessation of the abdominal pain, smallness of the pulse, which becomes concentrated and intermitting, extreme prostration of strength, a peculiar sardonic grin, and speedy death. This termination of the disease is very rare.

Treatment of acute peritonitis.—You should bleed your patient in the arm, making a large orifice, and allow the stream to flow, either until the pain is relieved or weakness of the pulse and faintness is produced. Having allowed your patient to recover from the faintness, his abdomen should be slightly fomented with warm water, wiped dry, and leeches should be applied in numbers proportioned to the urgency of the symptoms and strength of the patient. In a robust adult, fifty or sixty is the usual number. They should be especially concentrated over the parts where most pain and tenderness on pressure exists, and after they have fallen off, fomentations with cloths dipped in warm water should be assiduously applied and repeated for some time, to encourage the bleeding and soothe the irritation of the inflamed parts. The leeches may be repeated several times, as long as any considerable soreness remains. Either before, or during the application of the

hone ratúbat yá sar jáne ke yih marz qism kohnah se ho játá hai. Hálát tahlíl wáqa ho saktí hai páñchwen din se bíswen roz tak, aur uskí shanákhṭ yih hai ki dard aur bukhár aur aur alámaten warm kí zail ho játí hain, aur qaríb ke azá men quwwat aur harkat apne apne kám karne kí dobárah á játí hai, aur maríz karwat le saktá hai, aur agar uske shikam ko dabáwen to sahar saktá hai, (magar yih yád rahe ki shikam ko har hal men hathelí se dabána cháhiye, aur ungliyón se nahín), aur ghisiyán aur qai ka aná mauqúf ho játá hai, nabz sust aur muláyam ho játí hai, aur pesháb aur pasíná bahut átá hai, aur nínd árám se átí hai, aur usse istaráhat hotí hai ziyádatí-i-ratúbat. Mawád raqíq jo ki ziyádah ho játá hai wuh yá to zard áb yá rím yá bazí súraton men magar sház o nádír khún hotá hai, yih mawád ho saktá hai tanhá yá bairatífáq aur shamúl ek dústre ke yá sáth qábil injamád *ratúbat* ke. Alámaten jin se záhir hotá hai ki *ratúbat* ziyádah ho gaí hai weh yih hain, ki dard shikam kam ho játá hai, aur muqám marz men bojh aur dabáo ma'lúm hotá hai, beqáidah khun kí aur muláimat nabz kí, aur zardí chehrah kí, aur sard honá háth pañw ká, aur kabhí kabhí beqaráfí bhí ma'lúm hotí hai. *Sarjána*: Alámaten is tarah par khatam hone is marz ke yih hain ki yakáyak dard shikam mauqúf ho játá hai, aur nabz bárík aur mutwaqqif ho játí hai, aur táqat niháyat zail ho játí hai, aur maríz jald mar játá hai, magar yih anjám bímárí mazkúr ká bahut kam hotá hai.

Maqílah qism shadíd sozish pardah shikam ká.—Maríz kí fasd bázu men gahrá nashtar dekar kholeñ, aur khún ko nikalne den, yá to jab tak ki dard mauqúf ho jáwe yá nabz zaif par jáwe aur ghash ájáwe. Aur bímár ko hálát-i-ghashí se jab ifáqat ho to cháhiye ki uská shikam áhistah áhistah garam pání se senken aur ponchh kar khushk karen, aur jonken muwáfíq zarúrat alámaton aur baliház táqat maríz ke lagáwen. Tawána jawán ke liye pachás yá sáth jonkon kí mamúlí tadéd hai, aur jonken khasús us muqám par ziyádah lagáwen jáhán ki dard aur amáo ziyádah ho, aur jab ki wuh chhuť jáwen to garam pání men kaprá tar karke muqám mazkúrah par rakkhen, aur bár bár kuchh ársah tak rakhte rahen, is nazar par ki khún nikaltá rahe, aur muqám marz ko taskín bakhshe. Jonken mukarrar o sikarrar lagái já saktí hain jab tak ki dard men ziyádatí rahe. Khwá peshtar, yá darmiyán lagáne jonkon ke páñch se das grain tak calomel mai ek yá do grain opium ke dená chá-

leeches from five to ten grains of calomel, with one or two of opium, should be given, which may be repeated in diminished doses every three or four hours. After the second or third dose, the bowels should be opened with a clyster, and if the stomach is not irritable, you may give an ounce of castor oil in any aromatic water, but not in wine, spirits or coffee. If vomiting is urgent, the rochelle salts with the carbonate of soda in a state of effervescence, with lemon juice, may be used in repeated doses, so as to produce a moderately laxative effect. Having evacuated the bowels, the calomel and opium should be resumed, until salivation is produced, by which all the symptoms become mitigated. The warm bath may occasionally be used, and repeated warm fomentations to the abdomen will tend much to relieve the pain and soreness. After the inflammatory action is subdued, great relief will be obtained by the application of flannel to the abdomen dipped in turpentine, in preference to the common blisters. In a tympanitic state of the abdomen, resulting from a mere loss of tone, small quantities of wine and brandy may be given at short intervals. Frictions of the abdomen, and injections of beef tea, bark, or sulphate of quinine, turpentine or tincture of assafœtida, with a moderate quantity of laudanum, may be repeated every two or three hours. When the inflammation is acute, the diet should consist of merely small quantities of rice or barley water; but during convalescence, he may cautiously take small quantities of animal food and wine, keep his bowels regular, by the vinum aloes, and his feet dry and warm, and wear flannel next to his skin.

Treatment of Chronic Peritonitis.—When far advanced, this disease in most cases is incurable; much will depend on arresting it at an early stage. When there is abdominal pain and tenderness, and the constitution of the patient is not very much debilitated, you may bleed him to the extent of six or eight ounces, which may be repeated twice a week, until the symptoms have disappeared. The abdominal soreness may be relieved by the frequent application of leeches. The bowels should be regulated by gentle aperients and clysters. The warm bath or fomentations to the abdomen may be frequently employed, and flannel steeped in turpentine may occasionally be applied to relieve the tenderness. When the pain and soreness are mitigated, if serous effusion

hiye, aur is dawá ko ghatá kar tín tín yá chár chár ghante bad dene ká iḡhtiyár hai. Bad do yá tín maṭádon ke cháhiye ki ánten kholí jáwen sáth ek huqnah ke, aur agar medeh irritable na ho to ek ounce castor oil kisí ḡhushbúdar pání men miláwen, lekin kisí qism kí sharáb yá qahwá men na ho. Agar istafragh ká ghalbá ho to rochelle salt hamráh carbonate soda ke bích us hálat ke ki josh kartá ho aṛq lemon ke sáth bích mutwatir maṭádon ke dewen, is tarah par ki wuh talín kare. Bad ḡhálí karne rodon ke calomel aur opium ká phir istamál kiyá jáwe jab tak ki munḡ á jáwe, kyunki isse tamám alámat kam ho jatí hain. Garam pání se kabhí kabhí nahlá sakte hain, aur istamál mukarrar garam senkon ká medeh par wáste ifáqat dard aur taklíf ke bahut mufíd hogá. Bad kam hone sozish ke flannel ke turpentine men gotah de kar lagáne se shikam par ziyádatar fáidah hogá nisbat blisteron ke. Jis hálat men ki shikam basabab nuqsán quwwat ke aḡhrá huá howe to mukhtasir miqdáren sharáb angúr aur brandy ke thore thore fásle se dí já saktí hain. Malná shikam ká aur pich-káriyán áb-i-gosht baqar yane gosht gáw yá bark yá sulphate of quinine aur turpentine yá tincture assafoetida ke sáth maṭadil miqdár laudanum kí dí já saktí hain pai dar pai do do yá tín tín ghante bad. Jab ki sozish shadíd ho, cháhiye ki ghizá mushtamil ho sirf mukhtasir miqdáron cháwal kí pích yá ásh-i-jau se, lekin asnáí ifáqat men maríz bahut aḡtiyát se thorá thorá gosht kháwe, aur sharáb-i-angúr píwe, magar qadar-i-qalíl, aur rakkhe apne rodon ko murattib sáth vinum aloes ke, aur apne pánw ko ḡhushk aur garam aur pahne flannel badan se chimṭí huí.

Maqájáh qism kohnah sozish pardah shikam ká.—Jab ki yih bímárfi bahut barḡ jatí to aksar auqát iláj pazír nahín ho saktí; is marz ko ibtidáhi men rokná cháhiye. Jab ki shikam men dard aur amáo ho, aur jism maríz ká bahut nátawán nahín huá hai, to bazariáh fasd ke ḡhún chhah yá áth ounce tak le sakte hain, aur táwaḡtíki alámaten raḡa na hon, to fasd har haftah men do martabah kar sakte hain. Dard shikam ko basabab aksar lagáne jonkon ke ifáqá ho saktá hai. Rodeh tartíb diye jáwen sáth halkí adwiyah mulayyan aur huqnah ke. Garam pání se naháná yá senk shikam par aksar kám men á saktí hai, aur párchah flannel bhigoyá huá turpentine men kabhí kabhí wáste ifáqat amáo ke lagáyá já saktá hai. Jab ki dard aur sul kam ho jáwe, aur raḡiq rezish járí rahe, to marham markú-

exists, the following ointment rubbed gently into the abdomen night and morning, has proved highly beneficial in numerous cases.

Hydriodate of potass, four scruples.

Simple ointment, four ounces.

Strong mercurial ointment, four ounces.

While the effusion continues, tonics, combined with diuretics, are indicated. The ferrum tartarizatum in solution, combined with compound spirit of juniper or good gin, is as good as any, as it acts on the kidneys, and improves the patient's general health. The diet may now be a little more nutritious; milk in small quantities appears the most suitable.

Questions.

How many forms of the disease are there?

What are the usual symptoms attending the acute form?

What are the signs of a fatal termination to the disease?

How may acute peritonitis terminate?

What is the treatment to be pursued in acute peritonitis?

What treatment would you follow in the chronic stage of the disease?

PERTUSSIS; HOOPING COUGH.

This disease is one of those which regularly occur but once in the same individual, and that generally in infancy.

Symptoms.—Hooping cough commences like an ordinary catarrh, with feverishness, thirst, a running at the nose, tenderness of the eyes, and a frequent dry cough; these symptoms usually continue from four to ten days, at which period the cough changes its character, and assumes its peculiar convulsive form of the disease. It occurs in paroxysms, at intervals of half an hour, to three or four hours, and is accompanied by long and noisy inspirations, with a crowing and whooping sound. During the paroxysm the patient usually shows all the signs of impending suffocation; the face and neck become red, swollen, and often livid, the vessels of the head are full, and a tensive pain is felt in the forehead, the eyes water, and appear as if starting from their sockets; the pulse becomes quick, and the patient is agitated. This state continues for a few minutes, when a

mat-uz-zail rāt ko aur subah ko āhistah āhistah shikam par malnā aksar hālaton men nihāyat mufīd huā hai.

Hydriodate of potass, chār scruple.

Simple ointment, chār ounce.

Strong mercurial ointment, chār ounce.

Jab ki bahnā mawād kā jāri rahe, to adwiyah muqawwī bashamūl adwiyah mudir ke munāsib hai. Ferrum tartarizatum in solution bashamūl compound spirit of juniper yā achchhī sharāb gin ke bahut achchhā ilāj hai, kyunki wuh asar kartā hai gurdon par aur bihtar kartā hai marīz kī ām sihat ko. Is hālāt men ghizā zarā ziyādah qawī ho aur thorā thorā dūdh denā nihāyat munāsib hai.

Sawālāt.

Kis qadar iqsām is bīmārī kī hotī hai?

Kyā hai aksar ālāmaton jo kī qism shadīd ke sāth hotī hai?

Kyā hai asār muhlik bīmārī mazkūr ke?

Kis tarah qism shadīd is ārzah kī ākhīr ho saktī hai?

Kyā maaljāh āmal men lānā chāhiye bīch qism shadīd ārzah peritonitis ke?

Kyā ilāj karnā chāhiye darjah kohnah men is marz ke?

PERTUSSIS; YĀNE KÚKAR KHĀNSÍ.

Yih bīmārī un marzon men se hai jo kī beqáidah siraf ek dafa ek shakhs ko hotī hai, aur aksar auqāt bachpan men.

Ālāmaton.—Kúkar khānsí shūrū hotī hai misl mamúlí ārzah zukām aur nazlah ke, aur uskī tap se, aur piyās hotī hai, aur nāk se pání jātā hai aur ānkhon men dabāne se dard malūm hotā hai, aur aksar khushk khānsí atī hai, yih ālāmaton aksar jāri rahtī hai chār din se das din tak, aur is asnāe men khānsí apnī sūrat badal dāltī hai, aur khas durust sūrat kúkar khānsí kī pakartī hai. Wuh waqah hotī hai naubaton aur báriyon men bīch mufásilon ke ádhe ghanṭe se tīn yā chār ghanṭe tak, aur us ke sāth daráz aur guldār tanaffus sāth khānsí aur khurrah ke hotā hai. Darmiyán naubaton ke marīz ke hál se aksar ásār jald ghut jāne dam ke numáyán hote hai chehrah aur gardan surkh aur phulī huī hojātī hai aur aksar nīlgun, aur ragen sir kī phul jātī hai, aur máthe men dard hotā hai, ānkhon se pání nikaltā hai, aur aisí malūm detī hai ki goyá báhar niklī atī hai, nabz tesrú

large quantity of mucus is vomited up; the cough ceases, and the patient gradually recovers tranquillity. In severe cases, discharges of blood may take place during the paroxysms, from the nose, eyes, lungs or stomach; involuntary discharges may also occur from the bladder and bowels. When the second stage has fairly set in, the symptoms of catarrh in favorable cases abate, and the fever is often very slight; the cough declines in severity about the fourth week, the secretion of mucus becomes more abundant, the cough is looser, the paroxysms less violent and fatiguing, and the intervals longer, until at length in two or three months, from the first onset, the disease ceases altogether.

Treatment.—The chief object is to avert inflammations or congestions of important organs, as the lungs, brain, or stomach. First give an antimonial emetic, then supposing the child to be one or two years old, give it a draught containing one drop of laudanum, five drops of ipecacuanha wine, and two grains of soda, in four drachms of water. For a purgative, give calomel and rhubarb. The state of the lungs should be narrowly watched, lest bronchitis or pneumonia supervene; any appearance of inflammation should be met by bleeding, purging, and nauseating doses of tartar emetic, if the child be old enough. Exposure to cold must be avoided; change of air will generally remove any residue of the cough. When whooping cough becomes complicated with bronchitis or pneumonia, the greatest care is necessary; the lancet is indicated, profuse and continued purging should be avoided. When irritability of the stomach will not admit of ipecacuanha or tartar emetic, you must then chiefly rely on bleeding, blistering, the warm-bath, and small doses of nitre. The blistering is most beneficial after effusion has taken place in the bronchi and air cells, after which period we must be cautious about any further bleeding. To promote expectoration, antimonials may be employed if the patient be old enough, as also calomel and ipecacuanha, but in very young children, an occasional emetic of ipecacuanha wine and syrup of squills will answer much better, with small doses of the hydrargyrum cum creta and ipecacuanha powder from time to time. The strictest

ho jātí hai, aur maríz beqarár rahtá hai. Yih hálát chand lahma tak járí rahtí hai jab kí ek bahut balgham munh se nikal jātá hai to khánsí mauqúf ho jātí hai aur maríz ko batadríj aman o árám hásil hotá hai. Is marz kí saḡht hálátõn meñ ḡhún bhí darmiyán naubatõn ke átá hai, náḡ yá áñkhõn yá phephṛe yá medeh se, aur kabhí kabhí beikhtiyárí meñ baḡ auqát masánah aur antariyon se bhí iḡhráj hotá hai. Baḡ shurú hone darjah doyam ke alámatõn zukám o nazlah ke darsúrat sihat pazír hone marz ke kam ho jātí haiñ, aur tap bhí aksar auqát babut ḡhafif hotí hai aur qarib chauthé hafte ke saḡhtí khánsí ke bhí kam ho jātí hai aur kam taklíf detí hai aur der kar uḡhtí hai hattakí áḡhirkár do tín mahíne meñ áḡház bímárí se árzah mazkúr bilkul mauqúf ho jātá hai.

Maáljah.—Bará matlab yih hai ke dafiah sozish yá ijtamá ḡhún ká azai ráisá meñ misl phephṛah aur dimáḡh yá medeh ke malhúz rahe. Awwal koí antimonial emetic dewen, baḡ us ke agar larḡá ek yá do baras ká ho to ek maṡtád jo kí mushtamil ho ek qatraḡ laudanum aur páñḡ qatraḡ ipecacuanha wine, aur do grain soda se chár drachm pání meñ piláwen. Bataur mushil calomel aur rewand chíní dí jáwen. Hálát phephṛah per baahitiyát tamám liház rahe, mubáda bronchitis yañe sozish i uruḡ ḡhishnah, yá pneumonia yañe sozish i phephṛah paidá ho jáwe aur agar koí zahúr sozish ká maḡlúm ho to us ká iláj ḡhún lene aur julláb dene aur qaiáwur maṡtádon tártar emetic se amal meñ áwe, basharteki larḡá zara bara ho. Maríz ko sardí ná pahunchne den, tabdíli hawá kí aksar kísi jagah ko, kúkar khánsí ko dúr kar detí hai. Jabki kúkar khánsí ke sáth sozish uruḡ ḡhishnah, yá sozish phephṛah bhí ho to niháyat ihtiyát pur zarúr hai, ḡhún lená munásib mutsawwar huá hai, aur ziyádah aur hameshah julláb ká dená bhí mamnú hai. Jabki irritability yañe harárat-i-medeh ke ipecacuanha aur tártar emetic ko qabúl ná kare to cháhiye kí ziyádah lene fasd aur lagáne blister aur garam pání meñ baitháne aur ḡhafif maṡtáden shore ke dene se iláj karen. Istamál blister ká darsúrat hone ruṡbat ke uruḡ ḡhishnah aur air cells meñ bahut muḡíd hotá hai magar baḡ iswaqt ke cháhiye kí ziyádah-tar ḡhún lene meñ ihtiyát malhúz rakkhen. Wáste fáidah iḡhráj balgham ke antimonials yañe adwiyah murakkab surmah kí, aur bhi ipecacuanha aur calomel de sakte haiñ basharteki maríz kí umr

attention should be paid to the state of the gums and of the bowels, and local determinations, particularly to the head, must be avoided. When convulsions occur, change of air will be found of essential service to the child.

Questions.

How often does the hooping cough occur to the same person?

Describe the symptoms of hooping cough.

What treatment should you adopt?

When hooping cough becomes complicated with bronchitis or pneumonia, what should you do?

PHTHISIS PULMONALIS; CONSUMPTION.

Symptoms.—Phthisis generally commences with a slight dry cough, which may last for months or years. Sometimes the cough is severe from the commencement, and is accompanied with a mucous expectoration, or spitting of blood may set in and return at different intervals, and give the first sign of the disease. The patient complains of great languor. The slightest exertion, such as walking up a hill, or going up stairs, hurries the breathing; the pulse is more frequent than natural. By degrees the cough and expectoration increases, and hectic fever appears. Two exacerbations in general take place in the twenty-four hours, the first towards noon, and the other about five or six o'clock in the evening, accompanied with a sense of chilliness for about an hour, then the skin becomes warm, and the pulse is accelerated, the patient complains of thirst and uneasiness; in five or six hours, perspiration breaks forth, after which he falls asleep, and when he wakes up finds himself in a profound sweat. He now begins to lose flesh rapidly, and becomes more feeble; diarrhoea now sets in, the cheeks become hollow, and in the centre of them you will see a round patch of a bright colour, the sure sign of hectic fever.

ziyádah ho, lekin bahut chhote bachchon ko kabhí kabhí mauqa par istamál emetic, ipecacuanha wine aur shírah squills ká múfid hogá sáth chhotí maütádon hydrargyrum cum creta aur ipecacuanha powder ke jo kí kabhí kabhí di jáwe. Tawajah tamám rakhní cháhiye hál par masúron aur rodon ke, aur yih bhí kھیál rahe ki kھún kisí muqám marz men thahr na jáwe kھasúsan sir men. Jab ki tashannuj waqa ho to tabdíl áb o hawá kí bachche ke wáste niháyat múfid pái gaí hai.

Sawálát.

Kai dafa kúkar khánsí bamújib qáidah ke wáqah hotí hai ek shakhs ko?

Bayán karo alámaten kúkar khánsí kí?

Kyá iláj karná cháhiye?

Jab ki kúkar khánsí ke sáth sozish uruq khishnah yá sozish phephrah bhí ho to kyá karen?

PHTHISIS PULMONALIS; YANE BÍMARÍ-Í-SIL.

Alámaten.—Árzah sil aksar shurú hotá hai sáth ek kھafíf kھushk khánsí ke jo ki sháyad mahínon yá barson rahtí hai. Baze waqt yih khánsí ibtidá hí se shiddat kí hotí hai aur uske sáth ikhráj balgham hotá hai yá mukhtalíf auqát men maríz kھún thúkne lagta hai, aur yih pahlí alámat is marz kí hotí hai. Maríz shikáyat niháyat zauf o natawání kí kartá hai. Halkí halkí sí koshish misl ek pahar par chalne yá zínah par charne se uská dam jald chalne lagta hai aur nabz nisbat aslí hálát ke niháyat jald aur tezrau hojátí hai. Batadríj khánsí aur ikhráj ziyádah hota játá hai, aur tap-i-diq zahúr kartí hai. Do exacerbation chaubís ghanṭe ke arse men aksar wáqa hote hain, pahlá qaríb dopahar din charhe ke aur dúsrá qaríb páñch yá chbah ghanṭe baje shám ke, aur uske sáth malúm honá sardí ká qaríb ek ghanṭe ká malúm hotá hai, bad azán jild badan kí garam aur nabz tezrau hojátí hai, maríz piyás aur beqarárí aur bearámí kí shikáyat kartá hai, bad páñch chbah ghanṭe ke pasí-ne chhuṭta hai. Is hálát men uske jism ká gosht bahut jald kam hotá játá hai, aur ziyádatar nátawán ho játá hai is mauqa par ishál shurú hojátá hai, ruksáron men garhe par játe hain, aur unkí wast men ek gol dhabbah tábindah surkh rang ká numáyán hotá hai, jo ki yaqíní alámat tap-i-diq kí hai.

Treatment.—This disease when once thoroughly established in a scrophulous patient is incurable, though you may afford very great relief by palliating the symptoms as they arise, and thus prolong life perhaps for many years. The patient should compose his mind as much as possible, and be kept free from all excitement; his diet should be light and nourishing; his clothing warm and light, he should never fatigue himself, he should live in a steady climate, as bad and changeable weather would injure him; he should attend to the state of his bowels, and never allow them to become costive. Small general and local bleedings should occasionally be resorted to for the purpose of relieving the pain in the lungs. Should there be much purging, and the stools watery, dark coloured and fetid, an uneasiness felt in the abdomen, a few leeches should be applied, followed up by the tartar emetic ointment.

Questions.

What are the usual symptoms of phthisis pulmonalis ?

Is the disease curable in a scrophulous patient ?

What treatment should you adopt ?

PLEURITIS ; PLEURISY.

Symptoms.—There is fever, with an acute sharp stabbing pain in the chest, with immobility of the ribs over the affected part, respiration painful, frequent and hurried, quick during inspiration, and slow in expiration; the patient lies on the affected side or on his back; the affected side is often enlarged. Pleurisy may be distinguished from rheumatism of the muscles of the chest in the following manner; in the latter, the least touch causes pain and soreness, which it does not in pleurisy; in acute rheumatism, there is profuse sweating, such as there is not in pleurisy, but there is not in rheumatism that general disturbance of the constitution that there is in pleurisy. The pain in pleurisy is only felt at the lowest part of the chest, not in front or at the back, but to the side.

Ma'âljah.—Yih bímárí jabki ek scrophulous maríz men bilkul jagah pakar játi hai to láiláj hotí hai, agarchi bazariah kam karne ásar alámaton ke jo ki paidá hote hain maríz ko bahut ifáqat rah-saktí hai aur istarah se sháyad chand baras jí saktá hai. Maríz ko cháhiye ki apne dil ko hattul imkán bahut taskín dewe aur tamám tashwíshat se ázád rakkhá jáwe, aur ghizá subuk aur quwwat dahindeh aur poshák sabuk aur garam, aur cháhiye ki apne taín kabhí na thakáwe, aur haraj-o-marj ná kare, aur aise muqám men rahe jahán ki mausam ek hálat par rahtá ho kyunki burá aur badalne wálá mausam use nuqsán degá aur hálat rodon par tawajjah rakkhe aur kabhí unhen munqabiz ná hone dewe. Kabhí kabhí mauqa se tanqiah ám aur khas bhí filjumlá khún lene se wáste taskín dene dard phephre ke kiyá jáwe. Agar maríz ko bahut dast áte hon aur baráz raqíq pání sá átá ho aur siyáh rang aur mutáffin hon aur shikm men beárámí malúm hotí ho to chand jonken lagáni cháhiyen, aur uske bad marham tartar emetic ká istámál kiyá jáwe.

Sawálat.

Kyá hai khusíyat us bímárí kí jo ki sil kahlátí hai?

Jabki yih bímárí scrophula men wáqa howe to qábil iláj hai yá nahín?

Kyá ma'âljah ikhtiyár karná cháhiye?

PLEURITIS; YANE ZÁT-UL-JAMB.

Alámaten.—Is bímárí men tap hotí hai, aur síne men dard shadíd misl súl ke rahtá hai, aur jis taraf dard hotá hai us taraf kí pasliyán harkat nahín kartín, dam lene se dard hotá hai aur dam jald átá hai is tarah par ki barwaqt tez dam lene ke aur áhistah dam chhorne men maríz us pahlú se pará rahtá hai jis taraf dard hotá hai yá chit, aur pahlú jis men dard hotá hai aksar daráz ho játa hai. Is marz men aur us dard ríhí men joki chhátí ke patthon men hotá hai is taur par shanákhht ho saktí hai ki pichhlí bímárí men zará háth lagána bhí báis dard aur súl ká hotá hai jo ki zát-ul-jamb men nahín hotá aur shadíd dard ríhí men is qadar ziyádatí se pasíná átá hai ki zát-ul-jamb men nahín átá lekin dard ríhí men wuh ám takallul jism ká nahín hotá joki zát-ul-jamb men hotá hai. Árzah zát-ul-jamb men sirf níche sínah ke dard malúm hotá hai aur áge yá pusht men nahín hotá, balki pahlú men hotá hai.

Treatment.—Bleeding, both general and local, the extent of which must be regulated by the violence of the fever, and of the pleuritic pain, then salivate as quickly as possible, and after a time apply blisters, or counter-irritation, using the tartar emetic ointment freely over the part affected; regulate the bowels with laxatives and administer diuretics, and keep the patient on very low diet for a considerable time. If the effusion is of long standing, the diuretics may be combined with bitters; the following mixture will answer the purpose.

Take of compound infusion of gentian, one ounce.

Tincture of bark, two drachms.

Tincture of cantharides, ten minims.

Acetate of potash, ten grains.

This draught to be given two or three times a day. The patient must carefully avoid exposing himself to fresh cold, and avoid all violent exercise.

Questions.

What are the symptoms of pleurisy ?

How may pleurisy be distinguished from acute rheumatism of the muscles of the chest ?

What treatment should you adopt in pleurisy ?

PNEUMONIA; INFLAMMATION OF THE LUNGS.

Symptoms.—There is fever, difficulty of breathing, cough and a sense of weight and pain in the chest, particularly in a recumbent position, or when lying on the side affected, accompanied with great anxiety and thirst. At the commencement of the disease, the pulse is full, strong, hard, and frequent, but in a more advanced stage, it is commonly weak, soft, and irregular. At first the cough is frequently dry and without expectoration, but in some cases it is moist, even from the first, and the matter spit up is various both in colour and consistence, and is often streaked with blood. If relief is not afforded in time, and the inflammation proceeds with such violence, as to endanger suffocation, the vessels of the neck will become turgid and swollen, the face will turn purple, an effusion of blood will take place into the cellular substance of the lungs, and the patient will be suffocated. Some-

Maʿlūjāh.—Tanqīah ʿam yā kḥās kḥún ká munásib hai aur miqdār uskí bamūjib saḡhtí bukhār aur dard ke ho, baʿd is ke jis qadar jald mumkin ho maríz ká munḥ láná chāhiye aur baʿd thoṛe arse ke blister yā counter-irritation kám men lāwen, marham tártar emetic ko muqám-i-dard par malen aur rodon ko sáth adwiyah muláyan ke tartīb den, aur adwiyah mudir ká bhí istāmál karen, aur maríz ko muddat tak bahut thoṛí ghizá par rakkhen. Agar effusion muddat se ho to adwiyah mudir ho saktí haiñ shamil kí gaísáth adwiyah talḡh ke, aur mixture yañe majmua marqúmat-uz-zail bahut muḡíd hogá.

Compound infusion of gentian, ek ounce.

Tincture of bark, do drachm.

Tincture of cantharides, das minim.

Acetate of potash, das grain.

Yih nuskhá diyá jáwe do yā tīn dafā ek din men. Maríz ko chāhiye kí apne taīñ baahtiyát tamám sardí se bacháwe aur har qism kí saḡht riyázat se ahtaráz kare.

Sawálát.

Kyá ʿalámaten zát-ul-jamb kí hotí hai?

Kyunkar zát-ul-jamb shanáḡht kiyá játa hai dard ríhí ke sínah ke paṭṭhon se?

Kyá iláj zát-ul-jamb men karná chāhiye?

PNEUMONIA ; YAÑE SOZISH PHEPRAH.

ʿAlámaten.—Is marz men tap aur diqqat tanaffus aur khánsí aur malúm honá bojḡ ká aur dard ká sínah men, kḥasúsan jhukne men, yā paṛe rahne men pahlú se dard hotá hai, aur uske sáth niháyat tashwísh-i-khátir aur piyás hotí hai.

Is bímárí ke aḡház men nabz mumtalí aur qawwí aur saḡht aur sarí hotí hai, lekin darsúrat ziyádah baḡh jáne marz ke wuh aksar zaíf aur muláyyam aur beqáidah hotí hai. Ibtidá men khánsí aksar kḥushk aur baḡhair balḡham ke hotí hai, lekin baʿzí hálaton men ibtidáhi se tar yañe ratúbatdár hotí hai, aur balḡham jo níkalta hai wuh muḡhtalíf hotá hai rang aur ḡhilázat men, aur aksar auqát us men kḥún ke dhabbe hote haiñ. Agar bar waqt naubat ke tadáruk nahín kyá jáwe to sozish sáth aisí saḡhtí ke baḡhe kí jisse kḥauf galá band ho jáne ká ho, ragen gardan kí ámásidah aur sújí huí ho játín haiñ, chehrah arḡḡwání aur surkḡ ho játa

times notwithstanding every attention having been paid to the disease, it will run on to suppuration, which event may be known by frequent slight shiverings, with an abatement of the pain, and a sense of fulness in the part, and by the patient being able to lie on the side affected, without great uneasiness. This disease proves fatal generally by suffocation, which usually happens between the third and seventh day, or else it may terminate fatally by suppuration or gangrene.

Treatment.—Begin by large and copious bleeding from the arm, to the extent of twenty-four or thirty-six ounces of blood, which may be extracted twice or thrice in the twenty-four hours, due consideration being had to the severity of the attack, the constitution and age of the patient. It is often advisable to apply leeches or cupping over the part, a few hours after the first bleeding, more especially if there is any appearance of pleurisy. Tartar emetic should then be given to such an extent, as to keep up a strong feeling of nausea, not vomiting; calomel may also be combined with the antimony. The antiphlogistic regimen is strictly to be adhered to; when the active inflammation is reduced, large blisters or the tartar emetic ointment may be applied with very great advantage. To quiet the cough, demulcents may be given. Inhaling steam will assist in bringing about expectoration, and nauseating doses of squills will relieve the patient from the viscid matter collected in the wind-pipe. When the complaint declines, and there is a copious expectoration, tonic medicines with nutritious diet become necessary to support the strength, and the same means will be proper should it go on to suppuration. Should any organic changes have taken place, such as hepatization or ulceration of the lungs, great caution is required to prevent the patient falling into a consumption.

Questions.

What are the symptoms of pneumonia?

hai, aur “cellular substance” men pheprah ke, khún utar átá hai, aur maríz ká galá ghuṭ játá hai. Bāze waqt báwajúd iske tawajjah tamám mabzúl hui hai bímárí mazkúr par, lekin is par bhí pheprah pak játá hai, aur pakáo daryáft ho saktá hai in báton se kí maríz ko aksar khafíf phureriyán átí hain aur dard kabhi kam ho játá hai, aur muqám mazkúr men púrí maḷúm detí hai, aur maríz us pahlú se jis men khalish hotá hai, baghair maḷúm karne ziyádah bechainí ke let saktá hai. Aksar auqát maríz is marz men galá band ho kar martá hai, aur yih bát amúman tísre din se sátwen din tak wáqa hotí hai, yá ikhtatám is bímárí ká yun hotá hai ki kalejah pak játá hai yá sar játá hai jisse maríz jānbar nahín ho saktá.

Maáljah.—Ibtidá men bazaríah fasd bazú ke khún ziyádatí se bamiqdár chaubís yá chihattís ounce ke lewen, aur yih miqdár khún kí chaubís ghanṭe ke arse men do yá tén dafa nikálen, magar saḡhtí marz aur jusha, aur umr maríz ká kھیál rahe. Aksar yih bhí munásib hai kí jonken aur pachhne lagáe jáwen muqám marz par, chand ghanṭe bad pahle fasd ke, khasúsan agar koí alámat árzah zát-ul-jamb kí záhir ho. Bad is ke tártar emetic aise ek miqdár se diyá jáwe jisse kí ghisyán bashiddat maḷúm ho aur qai na áwe, aur calomel bhí bashumúl antimony yane surmah ke diyá já saktá hai. Parhez o ghizá aisi cháhíye kí harárat gharízí ko ghaṭá de, aur jab kí sozish shadíd kam ho gaí hai bare blister yá tártar emetic marham ke lagáne se bahut bará fáidah ho saktá hai. Wáste dabáne khánsí ke muláyyam karnewálí adwiyát dí já saktí hain. Balgham ke nikálne men madad karegá aur ghisyán karnewálí tabríden squills kí maríz ko taskín dengí, us luábdár mawád se jo kí hinjrah men jama ho gayá hai. Jab kí marz ghaṭ jáwe aur balgham kí kasrat ho to adwiyah aur ghizái muqawwí wáste sambhálene táqat ke zarúr hain, aur agar pheprah pak gayá hai to bhí yihí tadbír munásib hogí. Agar azái ráisah men kuchh tabdílíyān waqa hui hain misl khalal-i-jigar yá zaḡhm par jáne ke phepron men to barí ihtiyát zarúr hai kí maríz ko árzah-i-sil ná ho

Sawálát.

Kyá alámaten árzah sozish pheprah kí hotí hain ?

At the commencement of the disease, what treatment should you adopt ?

When the active stage of the disease is over, what should you do ?

RUBEOLA ; MEASLES.

Symptoms.—Measles commence with languor, shivering, heat of skin, and thirst ; as the disease advances, there is a dry hoarse cough, often much resembling that of croup : frequent sneezing, suffused and watery eyes, swollen and feverish face ; alternations of heat and cold, quick pulse, great thirst, and scanty secretion of urine, with a hot and dry skin. There is occasional vomiting or purging, but sometimes constipation. Sometimes in severe cases there is delirium, and even inflammation of the lungs ; there is usually towards evening an exacerbation of all the febrile conditions. All these symptoms continue for three or four days or even eight days, when an eruption begins to appear in the form of round red dots, showing first on the forehead and face, and subsequently upon the body and limbs. On the fifth day the whole surface of the body is usually covered with the eruption, which begins to decline on the face on the sixth day, and has usually disappeared altogether upon the tenth day from the commencement of the fever, or the sixth day from its own first appearance. The eruption extends to the mucous membrane ; slightly elevated spots may be seen in the mouth and throat about the fourth or fifth day. In favorable cases, the violence of the fever abates as soon as the eruption appears.

Treatment.—Be very careful not to expose the child to cold or damp, keep it moderately warm, and in a darkened room owing to the pain in the eyes ; give it mild mucilaginous drinks, as linseed tea, barley or rice water, &c. The face, arms, hands, and chest should be lightly sponged with warm vinegar and water ; mild diaphoretics and gentle aperients are useful. Attend carefully to the state of the head and chest ; if any symptoms of an attack in the head, as headache, intolerance of light, or convulsions appear, apply a few leeches to the temples or behind the ears, and place the child in a warm hip bath for five or ten minutes ; if the chest is affected,

Shurú marz kyá iláj karen?

Jab ki shadíd darje bímárí mazkúr ká mauqúf ho gayá ho to kyá karen?

RUBEOLA; YANE SURKHBÁD.

Alámaten.—Yih marz shurú hotá hai sáth sustí aur larzab aur harárat-i-jild aur piyás ke; aur jiun jiun bímárí mazkúr barhtí hai to khushk khánsí galá pakañewálí áwáz ke sáth hotí hai, misl us áwáz ke jo ki árzah croup men nikaltí hai, aur aksar chhínkon ká áná, aur surkh aur tar rahná áñkhon ká, aur sújá huá aur tap ká sá chehrah honá, aur kabhí garmí, aur kabhí sardí malúm honí, aur tezí nabz, aur shiddat tishnagí, aur kam paidá honá pesháb ká, aur garam aur khushk rahná jild ká, alámaten uskí haiñ. Is bímá-
rí men kabhí kabhí qai aur dast bhí áte haiñ, lekin baze waqt qabz rahtá hai. Baze auqát saht hálaton bímárí mazkúr men hizyán aur bhí sozish phepron ká hotá hai. Aksar shám ke waqt taraqqí tamám alámaton bukhár kí hotí hai. Yih tamám alámaten tñ yá chár din tak rahtí haiñ, yá áth din tak bhí; is ke bad dána gol surkh rang ke pahle peshání aur chehrah par, aur badhú jism, aur azá par numáyán hote haiñ. Páñchwen din tamám satah jism ká aksar dánon se chhip játá hai, aur chhañe din chehre ke dánon men takhfíf hone lagtí hai, aur aksar bilkul daswen din ágház tap se yá chhañe din apne awwal roz nikalne se gháyab ho játe haiñ. Yih dáne phailte haiñ mucus membrane tak aur khafíf ubhre hue dhabbe dekhe já sakte haiñ munh aur gale men qaríb chauthé yá páñchwen din ke. Darsúrat islah pazír hone marz ke shiddat tap kí bafaur zahúr danon ke kam ho játí hai.

Maqíjah.—Is bát kí bahut ahtiyát rakkhen ki bachchá sard yá tar jagah na rahe, aur usko baatidál garam aur tárík makán men basabab dard áñkhon ke rakkhen, aur khafíf luábdár ash-rúbah, misl linseed tea, yane áb-i-tukhm katán, aur ash-i-jau, yá cháwal kí pích, waghairah dewen. Chehrah aur bázú aur háth aur sínah áhistah áhistah bazariáli sponge ke garam sirká aur garam pání se tar kiye jáwen. Khafíf pasína lánewálí aur halkí mulayyan adwiyah fáidahmand haiñ. Sir aur sínah kí hálát par baihtiyát tamám tawajjah rakhní cháhiye; agar alámaten khalal dimágh kí misl dard sir yá bar-
dásht na hone roshní ke, yá tashannuj ke zahir hon to chand jon-

you should bleed from the arm if the strength of the child will admit of it, if not apply a few leeches to the chest or the back of the foot, and adopt the usual treatment for subduing such like inflammation. Should severe purging come on at the decline of the disease, it may be removed by alterative aperients if the stools be foul, or by astringents if the evacuations are watery, and abdomen drawn in and empty. Should debility be present, wine and stimulants will be required, but they must be administered with the greatest caution.

Questions.

What are the usual symptoms of rubeola?

What treatment should you adopt?

If the head or chest become affected, what should you do?

RHEUMATISMUS ; RHEUMATISM.

This disease may be either acute or chronic.

Symptoms of acute Rheumatism.—There are rigors, with a general feeling of numbness, aching and pain; fever; skin pungent and hot; pulse quick, full, hard, and bounding; pain increases with the fever, and is generally of a gnawing character; parts become red, swollen, and tender to the touch: the pain aggravated by motion, tongue white, urine high colored, and deposits a red brick-dust sediment; skin sometimes bathed in a clammy sweat: this disease is generally caused by exposure to cold and moisture.

Treatment of acute Rheumatism.—If the patient be plethoric and robust, and the disease be seen early, you should take some blood from the arm, the quantity to be determined by the effect produced. Should general bleeding be contra-indicated, local bleeding by cupping or leeches may be employed. Then give the tartar emetic in small and frequent doses to keep up nausea. Afterwards you may give the wine of colchicum with tincture of henbane, but as soon as it purges, you must give it up. Laxatives should be

keñ kanpañiyon yá píchhe kánon ke lagáwen, aur larke ko kulah tak garam páni men páñch yá das minute tak rakkhen; agar sínah men khalal paidá ho to bázú se khún lewen, basharteki quwwat larke kí uskí muthammil ho, aur agar táqat kam ho to chand jonkeñ sínah yá pusht-i-pá par lagáwen, aur ikhtiyár karen iláj mamúli jo ki wáste rafa karne is qism kí sozish ke mufíd hai. Agar barwaqt ghatne bímári ke dast bashiddat áne lagen to dafáh uská bazariáh aisí adwiyah ke jo ki alterative yane tartíb kunandah jism aur mulayyan hain, karen, basharteki dast mutáfin hon, aur darsúrateki dast raqíq áte hon aur shikam kháli ho to adwiyah astringent yane qábiz den. Agar maríz ko zauf ho to sharáb-i-angúr aur adwiyah stimulant yane mutharrik kí zarúrat hogí, lekin unke istámál men niháyat hoshyári ámal men áwe.

Sawálat.

Kyá hain alámaten árzah rubeola kí?

Kyá maáljah ikhtiyár karná cháhiye?

Agar sir yá sínah men khalal ho to kyá karen?

RHEUMATISMUS; YANE WAJA MUFÁSIL.

Yih bímári ho saktí hai shadíd yá kohnah

Alámaten shadíd waja mufásil kí.—Is bímári men malúm honá khunkí ká tamám jism men, aur dard, aur bukbár, aur tezí aur harárat jild kí, aur tundí, aur imtalá, aur sakhtí, aur jahindgí nabz kí hotí hai, aur tap ke sáth dard ziyádah ho játá hai, aur is qism ká hotá hai jaise koí muqám dard ko chubátá hai, aur muqámát dard surkh aur ámásída ho játe hain, aur háth lagáne se un men dard hotá hai, aur harkat karne se dard ziyádah hotá hai, zabán sufed aur pesháb niháyat rangín, aur us men surkh ínt kí khák sí jamtí hai, post jism baze auqat ek chipchipe pasíne men tar ho játá hai; yih bímári ámunan paidá hotí hai sardí aur ratúbat men rahne se.

Maáljah waja mufásil shadíd ká.—Agar maríz damwí mizáj aur táqatdár ho aur bímári ibtidáhi men dekhí jáwe to cháhiye ki thorásá khún bázú se lewen magar miqdár khún kí muqarrarí ho, us asar kí jo wuh paidá kare; agar fasd námunásib ho to tanqiyah khás pachhnon yá jonkon se ámal men á saktá hai. Bad uske tártar emetic bích chhotí aur aksar maútádon ke wáste qáyam rakhne málish-i-dil ke den. Bad azán wine colchicum sáth tincture henbane ke de sakte hain, lekin jis waqt usse dast áwen to mauqúf karden.

given, so as to keep the bowels moderately open. Calomel and opium pushed so far, as to make the mouth tender, has been given with great benefit in obstinate cases. After the acute inflammation has been quite subdued, a full dose of opium may be given at bed-time to procure sleep. As the pleura and pericardium are very apt to be affected in this disease, their state should be very carefully watched.

Symptoms of chronic Rheumatism.—The symptoms are the same as in the acute form, only of a less violent character. This affection is not confined to the joints, but may attack the muscles of the back, it is then called lumbago; when it attacks the sciatic nerve, or the muscles passing from the trunk to the lower extremities, it is called sciatica.

Treatment of chronic Rheumatism.—Should there be fever, give the tartar emetic as in the acute stage, as also the colchicum: the warm bath and vapor bath will afford great relief, together with rubefacients, blisters or counter-irritation with the tartar emetic ointment. When the parts are colder than they should be, acupuncture has afforded great relief. The needle should only be inserted into fleshy parts, in general from two to six sharp pointed needles are used at once, and are pushed into the affected part to the depth of from $\frac{1}{4}$ to $1\frac{1}{2}$ inches, and left in for a couple of hours. The ammoniated tincture of guaiacum is an excellent internal stimulant, commencing with half drachm doses, and increased gradually until the patient feels himself warmed with the remedy. When rheumatism assumes the intermittent form, you may give the quinine, or the arsenical solution, paying great attention to the action of the latter medicines; the bowels should be kept regular.

Rheumatism may be distinguished from gout thus: rheumatism may come on at any time, gout generally at bed time; rheumatism arises from some obvious cause, such as cold and damp, not so gout; rheumatism affects the larger joints, and the pain is generally gnawing and numb, whereas in gout, the pain is burning, pungent and lancinating.

Adwiyah mulayyan dení cháhien is tarah par ki rodeh baʼtidál khule rahen. Is qadar calomel aur opium ká dená jisse munh á jáwe bahut mufíd huá hai jab ki marz kisí aur tarah nahín játá hai. Bad mauqúf-i-sozish ke ek púrí maʼtád opium kí sote waqt dení cháhíye táki nínđ á jáwe. Chúnki is marz men pleura yane ghashaurriyá, aur pericardium yane hijáb-ul-qalb men bhí aksar khalal ho játá hai, to un ke hál ká baihtiyát tamám nigrán rahuá cháhíye.

Alámaten waja mufásil kohnah ki.—Is kí alámaten bhí misl alámaton waja mufásil shadíd kí hain, magar shiddat men kamí hotí hai. Yih bímárí sirf joṛonhí par nahín hotí, balki pusht ke puṭthon par bhí daḡhal kartí hai, aur is súrat men usko lumbago yane dard kamar kahte hain; jab ki daḡhal is marz ká sciatic rag par, yá un puṭthon par jo ki dhar se pánw kí taraf utarte hain hotá hai, to wuh sciaticá kahláyá játá hai.

Maálah waja mufásil kohnah ká.—Darsúrat hone bukhár ke tártar emetic dewen jaise ki darjah shadíd men dete hain, aur bhí colchicum aur garam pání men baiṭháná aur bhapára dená ma istamál rubefacient, yane jild surkh karnewálí marham yá blister yá counter-irritation bazariáh marham tártar emetic ke bahut mufíd hogá. Jab ki azái mamúli se ziyádah sard hain to pachhnon se bahut fáidah hogá. Suí chuboní cháhíye ajzáí lahmí men. Aksar auqát do se chha tez nok kí suíyon tak ek dafa chuboi játí hain, aur muqám-i-marz men ádhí inch se derh inch tak utárá játí hain, aur do ghante tak nahín nikálí játín. Ammoniated tincture of guaiacum niháyat umdah stimulant yane mutharrik kháne kí dawá hai, jo ki shurú kí jáwe sáth nisf drácm maʼtádon ke, aur batadríj ziyádah kí jáwe jab tak ki maríz ke badan men garmí á jáwe. Jab ki yih árzah súrat naubat kí pakre to quinine yá solution arsenic yane sankhyádewen, magar bahut tawajjah masrúf ho pichhlí dawá ke amal par; aur rodon kí tartíb karte rahen.

Tamíz darmiyán waja mufásil aur niqras ke istarah par hotí hai ki waja mufásil áyad ho saktá hai harek waqt, aur árzah niqras amúman sote men. Árzah waja mufásil paidá hotá hai baze záhir sabab se, misl sardí aur ratúbat ke, aur árzah niqras is sabab se nahín hotá. Waja mufásil aksar asar kartá hai ziyádah bare bandon par, aur dard istarah ká hotá hai ki goyá koí muqám ko chubátá hai barḡhiláf iske árzah niqras men dard sozindah aur

Questions.

How many forms of rheumatism are there?
What are the symptoms of the acute form?
What is generally the cause of rheumatism?
What treatment should you adopt in the acute stage?

What are the symptoms of the chronic form?
What treatment should you adopt in the chronic form?
How would you distinguish rheumatism from gout?

SCARLATINA ; SCARLET FEVER.

This is an eruptive fever, of which there are two kinds, the simple and malignant.

Symptoms of the simple form.—There are the ordinary symptoms of fever, viz., lassitude, shivering succeeded by heat, thirst, quick pulse, and occasionally nausea, headache and perhaps delirium. About the second or fourth day, the eruption is at its height, and then appears in the form of a continuous bright redness on the extremities, and of large irregular patches upon the trunk of the body. The redness is paler in the morning, and is brightest towards evening, the eruption may also be seen upon the inside of the mouth and throat, which assumes a bright scarlet color. The throat is generally sore, the tongue if clean, is also scarlet, but if foul, the red papillæ may be seen through the coating of fur on it. On the fifth day the eruption usually begins to decline, and in a day or two afterwards, disappears altogether, at which time the cuticle on the whole of the body generally peels off. Scarlatina may be distinguished from measles or roseola thus; from the latter, by its regular and longer duration, and by the sore throat and eruption in the mouth; from the former, by the period of the appearance of the rash.

Treatment of simple scarlatina.—The patient should be confined to his bed, his room kept cool and well ventilated, cooling drinks

tez aur sul mārnewálá hotá hai.

Sawálát.

Árzah waja mufásil men kitne aqsám hote hain?

Kyá hain alámaten qism shadíd kī?

Kyá hain amúman sabab árzah waja mufásil ke?

Kyá iláj ikhtiyár karná cháhiye darje shadíd men bímárí mazkúr ke?

Kyá hain alámaten qism kohnah kī?

Kyá iláj karná cháhiye qism kohnah bímárí mazkúr men?

Kyunkar tamíz ho saktí hai árzah niqras aur waja mufásil men?

SCARLATINA.

Yih hai ek nikalná dánon ká jiskí do qismen hotí hain, sádah aur malignant.

Alámaten sádah scarlet fever kī.—Is men mamúlí alámaten tap kī hotí hain, yāne sustí aur larzah aur bad iske garmí, aur piyás, aur tundí nabz aur kabhí málish-i-dil, aur dard sir, aur sháyad hiziyan bhí hotá hai. Qaríb do yá char din ke is marz men dāne bashakl surkh dhabbon ke nikalte hain, awwal chehrah aur gardan par jo ki jald āpas men miljāte hain aur phail jāte hain tamām jism aur háth páñw par. Tísre yá chauthé din yih dāne apne kamāl par pahunchte hain, aur tab zāhir hote hain basúrat ek qāyam tábindah surkhí ke háth páñw par, aur bare bare beqáidah dhabbon ke tanah jism par. Yih surkhí subah ke waqt ziyádah zard, aushám ke waqt niháyat tábindah hotí hai. Yih dāne andar munh aur halq ke blí númayān ho jāte hain, jinke sabab rang tábindah aur surkh ho jātá hai, halqúm aksar majrúh hotá hai, zabān agar sáf hai to wuh bhí surkh hotí hai, lekin agar mailí hai to mail men se dāne dikhláí dete hain. Pāñchwen din yih dāne aksar ghatne shurú hote hain, aur ek yá do din bad bilkul gháiyab ho jāte hain, aur us waqt men tamām jism ke post se bhúsí jhar jātí hai. Is árzah men aur árzah surkhbad men is tarah tamíz ho saktí hai ki surkhbad men dāne beqáidah aur derpá hote hain, aur dard gulú hotá hai, aur dāne munh men nikal áte hain aur surkhbad men arsañh nikalne dánon ká muayyan hotá hai.

Maqljah scarlet fever sádah ká.—Cháhiye ki maríz ko uske bistar se na uthne den, us ká kamrah sard aur hawádár ho aur ashrúbah

given freely, and abstaining from animal food, and every thing likely to heat the body. A gentle emetic should be given to check the fever, and clear the throat of viscid mucus; this should be followed up by a purgative. The body should be sponged with cold or tepid water and vinegar. Should any particular organ be inflamed, you must of course bleed both locally and generally, so as to subdue that inflammation, but no more. If the patient should be old enough to use gargles, the best in ordinary cases, is barley or rice water, acidulated with vinegar. Inhaling the steam of boiling water and vinegar will afford great relief. When the skin is peeling off, the tepid bath will be found useful, and the greatest care should be taken at this time that the patient does not catch cold; the bowels should be kept relaxed, and the kidneys be acted upon by occasional doses of compound jalap. As the patient becomes convalescent, tonics, such as the mineral acids or quinine, should be given, with mild nutritious food and change of air.

Symptoms of malignant scarlet fever.—These are similar to those already described in the milder form of the disease, but which soon assumes a typhoid form. The pulse becomes very rapid and irregular, the heat of the surface of the body unequal, a low muttering delirium, with great restlessness, sets in. There is hoarseness, pain in swallowing, and swelling of the glands of the neck. As the disease proceeds, all the symptoms are aggravated, and the patient sinks into a state of stupor. The sloughs in the throat spread, and become dark colored and gangrenous; the disease extends to the nostrils, and an acrid discharge flows, which excoriates the lips and cheeks; finally the breathing becomes difficult, the tongue black and dry, and discharges of blood take place from the different passages, and the patient sinks generally from the third or fourth day, to the second or third week. Total insensibility or convulsions may precede death.

Treatment of malignant scarlet fever.—First of all, administer an emetic of tartarized antimony to adults, and ipecacuanha to children, following it up with some mild aperient. Should the breathing be difficult, a few leeches may be applied to the throat or

bárid bakasrat dí jáweñ, aur gosht aur har ek chíz se jo ki jism men harárat paidá kare parhez karáweñ. Ek khafíf dawá qai kí wáste rokne tap, aur sáf karne luábdár balgham halkonke dí jáwe, aur bad iske julláb diyá jáwe. Jism dhoná cháhiye sáth sard yá ním garam pání aur sirke ke. Agar kisé khás uzv par azái marz men se warm ho jáwe to tanqiyah khás aur ám khún ká karná zarúr hai is qadr ki wuh warm rafá ho jáwe, lekin ziyádah nahín. Agar maríz is qadr umr ká ho ki ghargharah kar sake to roz marrah kí hálatoñ men jau ká pání, yá cháwal kí pích, tursh kí gai sáth sirke kí niháyat bihtar hai. Bhapára lená ubalte hue pání aur sirke ká barí taskín degá. Jab ki post utartá játa hai, to ním garam pání men baiṭháná mufíd páyá jáwegá, aur us waqt men niháyat ihtiyát malhúz rakhní cháhiye ki maríz ko sardí saráyat na kare aur rodah dhíle rakkhe jáweñ aur kabhí kabhí maṭádoñ compound jálap ke dene se gurdoñ ko harkat deweñ. Jab ki maríz ko ifáqat hai to adwiyah muqawwí misl kání tezábón yá quinine ke dení cháhiyeñ sáth muláyam quwwat denewálí khurák aur tabaddul áb o hawá ke. •

Alámaten malignant scarlet fever kí.—Is kí alámaten bhí misl alámaton marqúmáh bálá yane alámaton qism khafíf o sádah árzah mazkúr ke hain, lekin yih jald súrat baqáidáh pakartí hai. Nabz bahut tez aur beqáidáh ho játi hai, aur harárat satah jism kí náhamwár aur ek khafíf hízýan sáth barí bechainí ke shurú ho játa hai. Is marz men giriftgí áwáz aur nigalne men dard hotá hai, ghudúd gardan ke phúl játe hain: jiun jiun yih bímári barhtí játi hai tamám alámaten bhí ziyádah hotí játi hain, aur maríz par ghaffat aur behawási tári ho játi hai. Chhichre gale men phail játe hain, aur siyáh rang ho kar sarh játe hain. Yih marz nathnon tak phail játa hai aur mawád talkh o shor jári hotá hai jo ki honthon aur gálon ko chhíl dáltá hai. Anjámkár dam lená mushkil ho játa hai, zabán siyáh aur khushk ho játi hai, aur mukhtalíf ráhon se khún jári hotá hai aur maríz aksar tísre yá chauthé din se दूसरे yá tísre hafte tak mar játa hai. Marne se pahle behoshí yá tashannuj hotá hai.

Maáljah malignant scarlet fever ká.—Sab se pahle muqai tártarized antimony jawán marízon ko aur ipecacuanha bachchon ko den, aur bad iske khafíf adwiyah mulayyan dí jáweñ. Agar dam lene men diqqat malúm ho to chand jonken gale par lagái jáweñ, yá kánon

behind the ears, and if there be pain in the head and stupor, a few leeches to the temples might relieve the congestion. During the stage of excitement, the patient should be placed in a warm bath, strongly impregnated with salt, and afterwards the skin to be well rubbed with warm dry flannel, especially when irregular distribution of heat exists, when, in addition bottles of warm water, or heated bricks, should be applied to the cold extremities. When the stage of excitement has passed, nourishment, such as broth, must be given, and if collapse approaches, wine and other stimulants will be required. The throat should be gargled with the chlorides of soda or lime, in proportion of two ounces of the solution, to half a pint of water; if the patient cannot gargle, the sores in the throat may be washed with a sponge soaked in the gargle; it is not of any consequence if any of the fluid is swallowed; while sufficient mild nourishment is given, every thing heating or stimulating must be avoided, and the bowels kept open by gentle laxatives. Should dropsy ensue, it requires purgatives and leeches, being usually of an inflammatory character.

Questions.

What description of fever is scarlatina, and how many varieties of the disease are there?

Describe the symptoms of the simple form.

How would you distinguish scarlatina from measles or roseola?

What treatment should you adopt in the simple form of the disease?

What are the symptoms of the malignant form of the disease?

What treatment should you adopt in the malignant form of the disease?

SPLENITIS; INFLAMMATION OF THE SPLEEN.

Inflammation of the spleen may be either acute or chronic.

Symptoms of the acute form.—After a sensation of cold and partial rigor, there is a feeling of weight, fulness and pain in the left side extending to the left shoulder, increased on pressure and coughing; thirst, slight nausea, dry cough, with the usual symptoms of fever. Vomiting of blood, faintings, or pain on respiration are occasionally

ke píchhe, aur agar sir men dard aur behoshí ho to lagáná chand jonkon ká kanpatiyon par injamád khún ko mufíd hogá. Hálat darjah tugh yání marz men, maríz áb-i-garam men biṭháyá jáwe jis men bahut namak dálá ho, aur bad iske post-i-badan baḵhúbí ponchhá jáwe garam aur khushk flannel se, khasúsan jab ki beqáidah taqsím harárat kí maujúd ho aur bashamúl iske botalen garam pání kí, aur garam ínten ṭhande háth pánw men lagái jáwen. Jabki darjah tahrík ká guzar gayá hai, ghízá misl shorba ke dení zarúr hai aur agar niháyat darjah ká zauf ho jáwe to sharáb angúr aur aur ad-wiyah mutharrik ká dená zarúr hai. Ghargharah sáth chlorides of soda yá chúne ke bamiqdár do ounce solution ke nisf botal pání men karná cháhiye, aur agar maríz ghargharah nahín karsaktá hai to jaráhat-i-halqúm ko ek sponge se áb-i-ghargharah men tar karke dhowen, aur agar koí qatraḥ halq se utar jáwe to uská kuchh muzái-qá nahín, jabki káfí subuk ghízá milne lage to har ek shai garam yá mutharrik se parhez karen aur rodeh khule rakkhe jáwen halke jullábon se. Agar árzah istasqá ho jáwe, to uske liye jonken aur julláb zarúr hai kyunki is mauqa par yih árzah aksar sozish se hotá hai.

Sawálát.

Kis qism ke buḵbár ko scarlatiná kahte hain, aur is bímárí kí kitne aqsám hain?

Bayán karo alámaten qism sádah kí?

Kis tarah tum tamíz kar sakte ho darmiyán árzah surkhbád aur árzah measles yá roseolá ke?

Kyá iláj ikhtiyár karen qism sádah bímárí mazkúr men?

Kyá hain alámaten qism malignant árzah mazkúr kí?

Kyá iláj qism malignant men karen?

SPLENITIS; YANE SOZISH-I-TEHÁL.

Sozish-i-tehál ho saktí hai shadíd yá kohnah.

Alámaten qism shadíd kí.—Bad ma'lúm hone sardí aur juzwí saḵ-tí ke báen pahlú men bojh aur imtalá aur dard ma'lúm hotá hai, aur wuh báen sháue tak phailtá hai, aur dabáne aur khánsí se ziyá-dah hotá hai, aur tishnagí aur gúnah málsh-i-dil aur khushk khánsí sáth aksar alámaton tap ke hotí hai. Istafrágh khún aur

observed. A natural crisis is often observed after hæmorrhage from the nose or stomach, after a copious deposit from the urine, after the disappearance of the headache; when the hemorrhoidal or menstrual flux supervenes. In violent cases, which rapidly terminate in a general dissolution of the splenic tissue, there is incessant vomiting, which is often attended by a discharge of clotted blood from the intestines and stomach. This disease generally arises from ague, or after the patient has been exposed to malaria. If after a certain period the inflammation does not subside, it assumes a chronic form.

Treatment of acute splenitis.—General bleeding must be promptly ordered, and be repeated as long as the inflammatory pain is considerable, and the strength of the patient permit. Moderate saline purgatives should be given from time to time, to keep up a gentle action on the bowels. Leeches should be plentifully applied over the seat of pain, followed up by blisters or counter-irritation. If the constitution has suffered from malaria, you should give quinine in moderate doses for a considerable time, and if possible order your patient change of air.

Symptoms of chronic inflammation of the spleen.—There is a sensation of weight and pressure in the left hypochondrium, accompanied with fulness and swelling in that situation; a dull uneasy pain, especially when turning in bed; indigestion, disturbed sleep, and unpleasant dreams; sometimes there is difficulty of breathing, with a dry cough; defective nutrition, a sallow complexion; the spleen sometimes attaining an enormous size, occupying nearly the whole abdomen, and its edges conveying to the hand, the feeling of ridges; this form of the disease is generally connected with a cachectic or scorbutic condition. There are wandering pains in the limbs, sometimes ending in collections of pus under the integuments of the arms, thighs, &c. In the latter periods of disease, the debility and emaciation become very great, hectic more or less comes on, attended with distressing diarrhœa. The disease commonly continues for months, and often for very many years with remissions.

Treatment of chronic splenitis.—This consists chiefly in the combinations of aperients, tonics, and sedatives.

ghashon ká honá, yá bar waqt dam lene ke dard ká honá kabhí kabhí dekhá gayá hai. Bād ijrái khún ke náak se, yá medeh se, yá bād baiṭhne bahut durd ke pesháb meṇ yá bād mauqúf-i-dard sir ke tabaddul alámát wáqa hotá hai. Jab ki bawásirí, yá máhwáirí ijrái khún haiz ziyádah ho játá hai, saḡht súratoṇ meṇ jin meṇ tillí gal játí hai mutwátir qai átí hai, aur qai ke sáth khún munjamid medeh aur ánton se átá hai. Yih bímáirí aksar paidá hotí hai tijáirí se, yá bād iske ki maríz malaria yaṇe páuú kí abkharahdár hawá meṇ rahtá hai. Agar bād ek khás waqt ke sozish kam nahín hotí to bímáirí mazkúr súrat qism kohnah kí pakarí hai.

Maq̄ljah qism shadíd tehál ká.—Cháhiye ke fasd se tanqiyah áṁ ká fauran hukm diyá jáwe, aur jab tak amáo se dard ziyádah rahe aur quwwat maríz kí ijázat dewe to fasd lení mukarrir o mutwátir cháhiye. Maṭdil namkín julláb bhí kabhí kabhí dene cháhiyeṇ táki khafif harkat rodoṇ par rahe. Muqám-i-dard par jonken ba-kasrat lagáí jáweṇ, aur bād iske istámál blister aur counter-irritation ká kiya jáwe. Agar jism maríz ne malaria se bahut ntiqsán uṭháya hai to cháhiye kí quinine maṭdil maṭádoṇ meṇ bahut muddat tak deṇ, aur agar mumkin ho to maríz ko wáste badalne áb-o-hawá ke saláh deṇ.

Alámaten qism kohnah sozish tehál kí.—Is qism meṇ ek bojh aur dabáo báin kokh meṇ maḡlúm hotá hai aur uske sáth us muqám meṇ purí aur sújan hotí hai, aur bechainí ke sáth mīṭhā dard hotá hai khásús karwaṭ lene meṇ, badhazmí aur badkhwábí wáqa hotí hai, aur bure khwáb dikhláí dete haiṇ, bāze waqt súns diqqat se áta hai, aur khushk khánsí uske sáth hotí hai, aur ghizá baḡhúbí táqat badan meṇ nahín hone detí aur chehrah zard ho játá hai, aur tillí bāze waqt niháyat barh játí hai, aur tamám peṭ korok letí hai aur kináre tillí ke háth ko ubhre hue maḡlúm dete haiṇ. Yih qism bímáirí kí aksar iláqa rakhtí hai ek cachectic yá scorbutic hálát se. Azá meṇ daurtá huá dard hotá rahtá hai, aur bāze waqt bázuoṇ aur žanuoṇ waghairah ke post ke niche rím ho játí hai. In picḡhlí auqát bímáirí meṇ nátawání aur lágharí bashiddat ho játí hai aur tap-i-diq kam yá ziyádah maí azíyat dahindah ishál ke paidá hotí hai yih bímáirí amuman mahínoṇ tak jáirí rahtí hai aur aksar bahut barsoṇ tak magar kabhí kabhí darmiyán meṇ ifáqat bhí hásil hotí hai.

Maq̄ljah sozish tehál qism kohnah ká.—Iláj mushtamil hai ziyádatar bashamúl adwiyah mulayyan aur muqawwí aur taḡkím denewálí ke,

The following mixture is usually given with great benefit.

| | |
|---|-----------------------|
| Powdered jalap, | } of each one drachm. |
| Powdered rhubarb, | |
| Powdered columba root, | |
| Powdered ginger, | |
| Powdered cream of tartar, | |
| Sulphate of iron, $\frac{1}{2}$ ten grains. | |
| Tincture of senna, four drachms. | |
| Tincture of henbane, one drachm. | |
| Spear-mint water, ten ounces. | |

One ounce and a half of this mixture to be taken daily at six o'clock in the morning and to be repeated at eleven o'clock in the day; from three to six stools should be procured daily; the patient gains strength, and the disease is gradually removed, which, however, generally requires from three to six months to complete. Change of air is essentially necessary at the same time. If the spleen seems to suffer from relaxation, iodine should be given both internally and externally. In those cases where the spleen becomes softened, a blister should be laid occasionally on the precordia, and an effervescing draught given, containing a few drops of laudanum from time to time. Mercury in all its forms should be carefully avoided. In those cases attended with a cachectic or scorbutic state of body, the free exhibition of the vegetable acids are indicated, such as fresh lime juice, citric acid, or good vinegar.

Questions.

What are the usual symptoms of acute splenitis?

After what occurrences taking place, is a natural crisis often observed?

What are the usual symptoms of the spleen having become softened?

What treatment is recommended in the acute stage?

What are the usual symptoms of chronic splenitis?

In what should the treatment of chronic splenitis consist?

In cases complicated with cachexia or scurvy, what particular class of medicines are indicated?

Nuskhē-i-murakkib marqumat-uz-zail ke dene se aksar bahut fāidā hūā hai.

| | |
|---------------------------------|-----------------------|
| Powdered jalap, | } Harek ek ek drachm. |
| Powdered rhubarb, | |
| Powdered columba root, | |
| Powdered ginger, | |
| Powdered cream of tartar, | |
| Sulphate of iron, das grain. | |
| Tincture of senna, chār drachm. | |
| Tincture of henbane, ek drachm. | |
| Spear-mint water, das ounce. | |

Derh ounce is nuskhē mixture kā har roz chha baje subah ke istamāl men āwe, aur phir gyārah baje subah ke diyā jāwe. Tīn se chha dastan tak chāhiye ki har roz lāe jāwen, isse marīz ko tāqat hotī hai, aur bīmārī batadrīj rafa ho jātī hai, magar tīn mahīne se chha mahīne ke arse tak amūman bilkul bīmārī rafa hotī hai, aur is asnāe men tabdīl āb-o-hawā kī bhī nihāyat zarūr hai. Agar aisā malūm ho ki tehāl ko zauf o nihāfat se āzār pahunchā hai to iodine khilāwen bhī, aur lagāwen bhī. Un hālaton men jāhān ki tehāl mulāyam ho gāī hai kabhī kabhī ek blister rakhnā chāhiye precordia par, aur effervescing maūtād mushtamil chand qatrahāe laudanum se kabhī kabhī dī jāwe. Tamām adwiyah sākhte sīmāb na denī chāhiye. Un hālaton men jinkesāth hālat jism kī cacheotic yā scorbutic hotī hai to baḡhūbī denā nabatātī tezábon kā munāsib mutsawwar huā hai, misl tāzab āraq limun aur citric acid yā achchhe sirke ke.

Sawālāt.

Kyā hain alāmaten qism shadīd ārzah sozish-i-tehāl kī?

Bad kin wārdāton ke waqā hone ke yih khās bīmārī aksar dekhī gāī hai?

Kyā hain ām alāmaten tehāl ke mulāyam ho jāne kī?

Kyā hain farzī bāis ārzah sozish-i-tehāl ke?

Kyā ilāj tajwīz kiya gayā hai hālat shadīd men?

Kin chizon se ilāj qism kohnah ārzah sozish-i-tehāl kā mush-tamil hai?

Jab ki tehāl āzār pātī hai zauf-o-naqāhat se, to kyā khās dawā tumhen denī chāhiye?

TONSILITIS VEL CYNANCHE TONSILARIS; INFLAMMATION OF THE TONSILS.

Symptoms.—If both tonsils are inflamed, on opening the patient's mouth, you will see two large red balls, one on each side of the throat, which may be felt also externally. There is very severe pain extending into the ear, particularly when any effort is made to swallow; sometimes one tonsil only is affected at a time, at other times the disease will shift from one to the other. The inflammation produces heat, swelling and hardness; there is fever, the pulse quick, the skin hot, redness of face, urgent thirst, and the tongue very foul. The disease may terminate in resolution or suppuration; the formation of pus in the tonsils is known by the pain of the acute stage becoming gradually more dull or obtuse, breathing and swallowing is more difficult, and by the peculiar sound of the voice; as the abscess increases in size, the patient is unable to speak. This disease is generally caused by exposure to the cold and wet, especially if the patient has lately been under the influence of mercury.

Treatment.—In severe cases, general bleeding is indicated, but in milder cases apply leeches to the throat, afterwards foment the part with hot water, and put on a large warm bread and water poultice to encourage the bleeding. After the leeches, if you find there is still some slight inflammation left, apply a blister, but never do this until you have first tried the effect of leeches, or that you see the patient is so very weak that he cannot stand the bleeding from the leeches. Puncturing the tonsils with a lancet has afforded considerable relief, and allows any matter there may be to flow out. You should then give a full purging dose of calomel, placing it dry on the tongue, and follow it up in four hours with castor oil. The inhalation of hot water is very agreeable to the patient, by relaxing the parts, as are also gargles composed of vinegar, honey, and rice or barley water. If the patient is weak, you must give nourishing food, as broths, jelly, &c., and sometimes allow a little wine. If the inflammation is active, it must be treated like any other inflammation; if passive, it requires only local astringents and stimulants, such as a gargle composed of a decoction of scneka root, with red pepper and brandy.

TONSILLITIS, YĀNE SOZISH-I-LAUZTAIN.

Ālāmātēn.—Agar donon lauztain men sozish howe to barwaqt kholne mariz ke munh ke ek ek bar golisurkh rang ki donon taraf halq ke dikhlai deti hai. Dard shiddat se phailkar kan men hota hai, khasus us surat men ki kisi chiz ke nigalne ka qasd kiyai jaye. Baz aqat sirf ekhi lauztain men se sozish hoti hai, aur baz martabah ek se taraf dusre ki intaqal karti hai. Sozish men hararat aur amas aur salabat pai jati hai; bukhari rahati hai, aur nabz tez aur jald chalti hai, aur chehrah surkh, aur tishnagi shadi, aur zuban bahut ghalf hoti hai. Sozish ya to khul jati hai, ya pak jati hai; shanakh par jine pi ki lauztain men istarali se ho sakti hai ki dard shadi darjah badarjah khafif hota jata hai, aur dam lena aur nigalna ziyadatar dushwar hota hai, aur awaz ek khas qism ki ho jati hai aur jhun jhun dumbul qad pakarti jati hai usi qadar mariz bolne se ari hota jata hai, yih marz aksar basabab rahne ke sardi ya nami men hota hai, khasus us surat men ki pahle mariz ko pari mila ho.

Maaljah.—Halat-i-shiddat men tanqiyah am khun ka munasib hai, lekin darsurat khafif hone marz ke gale par jonken lagawen, kyunki aise mauqa par fad se bihtar hoti hain. Bad iske muqam mazkur ko garam pani se senken, aur garam pani ka poultice unpar lagawen taki khun jari rahe. Bad jonken ke, agar gunaah sozish baqi rahe, to blister lagawen, lekin iski zarurat nahin hai, qabal iske ki asar jonken ka daryaf ho jaye, ya us surat men ki mariz ko tab jonken ki howe. Basabab chirai dene ke lauztain men nihayat faidah hua hai, kyunki mawad nikal jata hai. Bad chir ke dast sath matad calomel ke istarah par ki usko khushk zuban par rakkhen, aur baddhi castor oil pilawen, karawen. Pina garam pani ka mariz ko bahut munasib hogai, kyunki muqam marz ko dhila karegi, aur isi tarah se ghargharah banaye hue sirkai aur shahad aur chawal aur jau ke pani ka. Agar mariz zaif ho, to ghiza-i-muqawwi, misl shorbai ya jelly waghairah ke dewen, aur baz waqt qadre wine bhi pilawen. Agar sozish taraqqi par howe to us ka ilai manind aur sozishon ke kiyai jaye; aur agar thahri hai ho to yih chahiye ki muqam marz par adwiyah qabiz aur mutharrik misl ghargharah murattabah jushandah senekai root, lai mirch, aur brandy ke.

Questions.

What are the symptoms of tonsillitis ?

What causes may give rise to the disease ?

What treatment should you adopt ?

CYNANCHE TRACHEALIS; CROUP.

This disease is peculiar to childhood, and those infants who have been early weaned appear more susceptible to it than others; this disease, however, has been occasionally, though very rarely, met with in adults.

Symptoms.—The disease generally commences during sleep, by a single, sharp ringing cough; the child then awakes, with a sharp and stridulous voice, the breathing audible, difficult and labored, and often accompanied during inspiration with a crowing sound: the face is swollen and red, the eyes suffused, pulse quick and hard: if old enough, the child complains that he is choaking, and asks for drink: if very young, he tosses about restlessly, and frequently grasps at his throat, as if anxious to remove some obstruction to respiration; if the disease is not cut short in its first stage, the respiration becomes more and more labored and wheezing, the debility of suffocation then sets in, the countenance pale, the lips livid, the eyes languid, the iris with less color than natural, the pupils dilated, the tongue loaded and with purple edges, thirst considerable, the skin much less hot and clammy, the extremities become cold, the stools dark and fœtid, coma or convulsions set in, and the child dies between the third and fifth day.

Treatment.—On the first sound of the ringing cough, the child should have a drachm of ipecacuanha wine in a table spoonful of warm water every quarter of an hour until nausea is produced, which should be kept up for ten or twelve hours; at the same time, apply to the throat a flannel bag filled with hot salt, which causes a copious perspiration, and very often checks the disease at once. If fever and difficulty of breathing exists, blood should immediately be taken from the hand or arm, and if a sufficient supply

Sawálát.

Kyá alámaten sozish-i-lauztain kí hotí haiñ ?

Kin báison 'se yih marz paidá hotá hai ?

Kyá iláj karná cháhiye ?

CYNANCHE TRACHEALIS; YANE CRUP.

Yih marz kháskar bachpan men hotá hai, aur we atfál jinká dúdh jald chhuráyá játa hai nisbat auron ke ziyádatar mubtilá is marz ke hote haiñ; yih marz kabhí jawánon ko bhí ho gayá hai, magar sház.

Alámaten.—Yih marz amúman sote men shurú hotá hai, sáth ek, aur tez aur khunakdár khánsí ke; bachchá us waqt jág uñhtá hai, sáth ek tez past áwáz ke, aur áwáz chalne sáns kí sunáí detí hai, aur dam diqqat aur mushkil se átá hai, aur aksar dam lene men ek tez áwáz nikaltí hai, aur chehrah phúlá huá aur surkh hotá hai, aur ánkhen gulábí, nabz tez aur sañht hotí hai, aur agar bachcha bará hotá hai to galá ghuñne kí shikáyat kartá hai, aur pání mángtá hai, aur agar kam san hotá hai to niháyat bechain aur muztir rahtá hai, aur bár bár apne gale ko pakartá hai, goyá wáste hañane rukáo ke jo kí mánah tanaffus hai, aur agar marz pahle hí darjah men dafa nahín kyá játa, to ámad-o-raft dam kí ziyádatar dushwár aur tahlíl karnewálí ho játi hai. Bad is ke zauf aur ghuñná gale ká shurú hotá hai, chehrah zard, aur honñh míle, aur ánkhen pazmurdañ hotí haiñ. Tabáí rang qaus qúzah ká phíká ho játa hai, aur putliyán phail játi haiñ, zubán par mail hotá hai, aur kináre us ke arghawání. Tishnagí bashiddat aur jild jism kí kam garam hotí hai, aur chipaktí hai. Háth páñw sard rahte haiñ, aur dast siyáh rang ke aur mutáfin áte haiñ. Aur ghaflat yá tashannuj shurú ho játa hai, aur bachcha tísre din se páñchwen din tak mar játa hai.

Maqálah.—Barwaqt awwal sunne áwáz khunakdár khánsí ke cháhiye kí bachcha ko ek drachm ipecacuanha wine ká chamche bhar garam pání men páo páo ghanñe ke fásilah se dete rahen, táwaqteki málish-i-dil paidá howe, aur málish-i-dil ko das yá bárah ghanñe tak qáyam rakhná cháhiye, aur isí arse men gale par párchah flannel ke garam namak se bharí huí thailí lagáwen, kyunki isse pasíná ifrát se átá hai, aur aksar marz ko dafa kar detá hai. Agar bukhár aur diqqat tanaffus maujúd ho to fauran

cannot be procured in this manner, then open the jugular vein: if the child is under two years of age, take from two to five ounces, if under eight years, take from three to eight ounces of blood, which will be about the proper quantity. The lower extremities of the child should be placed in a bath of the temperature of ninety-eight to hundred degrees, and two or three grains of calomel given every third hour; the calomel ought to move the bowels after the second or third dose; if it does not do so, a tea spoonful or two of castor oil should be given. If reaction takes place, a second bleeding must be had recourse to. By adopting these active measures, the respiration becomes less labored, the cough loose, and the fever abates. Should the disease have run into the second stage before assistance has been obtained, then recourse must be had to continued emetics: when vomiting has been produced, it must be repeated every two or three hours, as long as the strength will admit of it. A blister should be applied to the *chest*, and not to the throat. Calomel may be given in conjunction with the antimonials, to the extent of two or three grains every second or third hour. If the child is cold and sinking, wine, burnt brandy, or ammonia must be given, but these remedies are only to be employed when all others have failed. When the child becomes convalescent, great attention must be paid to its diet; he should be carefully and sufficiently protected from the damp and cold easterly winds.

Questions.

At what age does the disease generally appear?

What are the symptoms of croup?

What treatment should you adopt, when the child is first attacked?

When the second stage has set in, what should you do?

VARIOLA; SMALL POX.

This disease is divided into two varieties, viz., the distinct and the confluent.

Symptoms of the distinct variety.—The pustules do not touch each other, and are comparatively few in number: there may be one, two, three or a dozen; but if there be a larger quantity, they are

khún bázú yá háth se lewen, aur agar is tarah se khún káfi ná áwe to jugular vein yane rag habulwaríd kholeñ, aur agar bachcha do baras se kam umr ho to do se páñch ounce tak, aur agar áth baras se kam ho to tñ se áth ounce tak khún lewen, kyunki yih munásib miqdár hai. Pánw bachehe ke garm pání men jis men garmí aṭhánwen darjah se sau darjah tak howe, rakkhen, aur do yá tñ grain calomel tísre ghañte dete rahen, do tñ maṭádon men cháhiye ki is dawá se dast áwen aur agar na áwen to bamiqdár ek yá do cháh ke chamche ke arandí ká tel piláwen. Aur agar reaction wáqā howe, to dobárah khún lená pur zarúr hai. Basabab in tadbíron ke diqqat-i-tanaffus men farq par játá hai, aur khánsí qhílí aur bukhár kam ho játá hai. Agar marz dusre darjah par pahunch jáwe qabalaz shurú hone iláj ke to adwiyah muqáí mutwátir den, aur jab ki qai áná shurú ho jáwe, to do yá tñ ghañte bad dete rahen, táwaqteki ki táqat rahe. Blister chhátí par lagáwen, magar gale par nahín. Calomel bashamul adwiyah anti-mony ke bamiqdár do yá tñ grain ke do yá tñ ghañte bad dete rahen. Agar bachcha sard ho aur hál ghair hotá játá ho, to wine yá jalnewálí brandy yá ammonia dení cháhiye, magar in ilájon kí taraf us waqt rujú karen ki aur iláj mawassir na hue hon. Jab ki bachcha sihat hásil karne lage, to us kí ghízá men bahut ihtiyát cháhiye, aur usko namí aur purwá hawá se bakhúbí mahfúz rakkhen.

Sawálát.

Kis umr men yih marz amúman láhaq hotá hai?
 Kyá alámaten marz crup kí hotí hain?
 Jab ki awwal yih marz láhaq howe to kyá iláj karen?

Agar bachcha ko bar waqt shurú hone dúsre darjah ke dekhen, to tab kyá iláj karen?

VARIOLA; YANE SÍTLÁ.

Yih bímárí munqasim hai do qism men, yane mutfáwat, aur mujtama.

Alámaten.—Qism mutfáwat kí yih hain. Áblah ek dúsre ke muttasil nahín hote, aur tadád men bhí kam hote hain. Is qism kí bímárí men barwaqt nikalne dánon ke bukhár kam ho játá hai.

detached. In this form of the disease the fever decreases when the eruption occurs, and when it is complete, the feverishness is nearly gone. The disease shows itself generally about fourteen days after infection, and the commencement of the fever is commonly well marked, being for the most part a sudden and severe rigor, followed by excessive heat, pain in the head and back, nausea, pain at the pit of the stomach, weakness and giddiness, with disposition to heavy sleep. In children, the first symptom is a convulsive fit; on the fourth day inclusive, or it may be forty-eight hours from the commencement of the fever, the second stage begins; an eruption of small, red, elevated pimples shows itself, first upon the face and neck, and subsequently on the rest of the body, being completely out, in a period, varying from twenty-four hours to two or three days. The eruption is not confined to the skin, being often extended to the mucous membrane of the mouth and throat, and sometimes to the "tunica conjunctiva" of the eye: the pimples grow larger and higher, their increase in size being attended with pain in the jaws, and general redness of the skin. In two or three days from their first appearance, they become vesicular, each vesicle containing a straw colored fluid, and depressed in the centre. From day to day, the redness and swelling of the skin increases, and is accompanied with pain, the face becomes swollen, so that the eyelids are usually closed; the hands and fingers also swell. The distinct cells in the vesicles gradually run together, and losing the central depression, they point and form pustules, filled with a thick yellowish matter. This process, called ripening, is completed about the eighth day from the commencement of the fever. The pustules are then about the size of a pea. On the eleventh day, the swelling and inflammation of the skin on the body and face decline, and the pustules on these parts dry up and form scabs, which fall off about the fourteenth or fifteenth day, leaving behind them a scar in some cases peculiar to this disease. The pustules on the hands remain a day or two after the others, and often break and leave troublesome sores.

Treatment of distinct small pox.—As soon as the disease shows itself, the patient should be confined to his room, which should be large, airy and darkened: warm diluents, such as tea, rice or bar-

aur jab ki dāne bilkul nikal āte haiñ to bukhār barādenām rahtā hai. Qarīb chaudah din bad asar marz ke yih bīmārī aksar apne taīñ zāhir kartī hai, aur āghāz taphī se shanākht is marz kī hotī hai, kyunki wuh aksar yakāyak aur saḡht shiddat se hote haiñ, jis ke bad ziyādatī harārat kī aur dard sir, aur dard pusht, aur mālīsh-i-dil, aur dard fam medeh, aur nātawānī, aur daurān, aur ḡhwāhish wāste gahrī nīnd ke hotī hai. Bachchon mein pahilī ālāmat is marz kī yih hotī hai ki unko tashannuj hotā hai; chauthe din yā shāyad artālīs ghante bad bhī shurū tap se dusrā darjah shurū hotā hai; Dāne basūrat chhotī, surḡh, ubhrī huī phunsiyon ke awal chehrah aur gardan par aur bad azān bāqī jism par nikalte haiñ, aur chaurīs ghante se do yā tīn din ke arse tak bilkul bāhir nikal āte haiñ. Yih bukhār sirf jild badan par hī nahīñ nikaltā hai balki jhillī tak; munh aur halq ke phailtā hai, aur bāze āṅkh ke tunica conjunctiva tak. Dāne jald ziyādah barē aur ziyādah ūnche ho jāte haiñ, aur unke barhne ke sāth dard jabron kā hotā hai, aur tamām badan kā post surḡh ho jātā hai. Bad do yā tīn din ke unke pahle zahūr se wuh ābladār ho jāte haiñ, aur har ek āblah mein ḡlās ke rang kā raqīq muwād hotā hai, aur bīch mein se past ho jāte haiñ. Roz baroz surḡhī aur āmās post kā ziyādah ho jātā hai, aur uske sāth dard bhī hotā hai, chehrā is qadar sūj jātā hai ki palkein aksar band ho jātī haiñ, hāth aur ungliyān bhī phūl jātī haiñ. Fāslahdār garhe āblon ke batadrīj āpas mein mil jāte haiñ aur bad zāyul hone bīch kī pastī ke wuh basūrat phunsiyon ke dikhlaī dete haiñ, jin mein ek ḡhalīz zardī maiāl medeh bhar jātā hai. Yih hālat jis ko pukhtagī kahte haiñ qarīb āthweñ din ke āghāz tap se kamāl ko pahunchtī hai, aur tab āblah qarīb miqdār matār ke ho jāte haiñ. Gyārahweñ din sūjan aur warm jism aur chehrah kī jild kā ḡhaṭtā hai, aur āblah in muqāmon ke ḡhuslūk ho jāte haiñ, aur chhilke hokar jhar jāte haiñ. Chaudhweñ yā pandhrawēñ din bad jhar jāne chhilkon ke zaḡhm baz hālaton mein bāqī rah jāte haiñ, aur yih bāt ḡhās isī marz mein hotī hai, yih phunsiyān hāth par nisbat aur muqāmon kī phunsiyon ke ek yā do din bad tak rahtī haiñ, aur aksar tūt jāne se taklīf dahindah zaḡhm bāqī rahtī haiñ.

Maāljah mutfāwat qism chechak kā.—Bafaur is ke ki bīmārī mazkūr zahūr kare, chāhiye ki marīz ek aise makān mein rakkhā jāwe o ki barā aur hawādār aur tārik ho, garam raqīq chīzen misl chāh

ley water may be given to any extent, and his food to consist of the lightest and most digestible kind that can be procured, such as oatmeal and barley broth, or roasted apples. After the fourth day, opiates should be given at bed time to allay the irritation. Should there be no diarrhœa, the bowels should be gently moved by enemas or mild aperients, as rhubarb and magnesia or manna. Should the fever run high in plethoric persons, it would be well to bleed either generally or locally, to relieve the head or chest. If the weather should be cold or damp, and there be a large eruption, the patient should be kept continually to his bed, with only sufficient clothing on to prevent any sudden check to the eruption. When the disease is going off, mild nutritious food may be given, and if there be restlessness, an occasional anodyne. Stimulants are not often required, and should be given with the greatest caution. The state of the bowels should be carefully watched, and a mild laxative given occasionally.

Symptoms of the confluent form of small pox.—In this form of the disease, the pustules are very numerous and run together, the fever is violent and of a typhoid character, the pulse is not so strong, the patient is very weak. The symptoms in the first stage are similar to those in the “distinct” variety, but more severe and violent; the fever running higher and being accompanied by considerable nervous excitement often amounting to delirium. The eruption appears generally on the third day, coming out earlier than in the “distinct” form, but the fever does not diminish in violence upon the commencement of the second stage as it does in the “distinct” form. At first the eruption has nothing peculiar in itself; but in a day or two you will perceive that the pustule does not rise so high or fill so much as usual, and by degrees those on the face run into one another and form one continuous bag, containing a thin bloody fluid instead of pus. The face becomes considerably swollen, and as the confluence takes place it loses its red color, and becomes white and puffy. About the eighth day, the covering of the pustules changes to a dusky color or it bursts, and dark brownish fetid scabs are formed; towards

yá chával ke pánf yá ásh-i-jau, ki jis qadar cháhen 'de sakte' hain, aur uski ghizá mushtamil ho niháyat subuk aur niháyat qábil hazm hone kí qism se, jo ki báham pahunch sake misl oatmeal, aur jau ká shurbá yá bhune hue sebon ke. Bád chauthe din ke adwiyah khwábáwar wáste kam karne sozish ke sote waqt dení cháhiyen. Agar dast na áte hon, to ánten bamuláimiyat harkat dí jáwen sáth pichkáriyon muláyam adwiyah ke, misl rewand chiní aur magnesia aur manna yane shirkhisht ke. Agar un logon ko jin ke jism men khún ziyádah hai tap kí shiddat howe to tanqiyah ám yá khas khún ká munásib hai wáste taskín sir yá sínah ke. Agar mausam sard yá martúb ho aur dānehāe chechak bakasrat nikle hon to cháhiye ki maríz hameshah rakkhá jáwe uske bistar par, aur is qadar káfi kaprá orhe rahe ki dafātan bukhārát nikalne se band na ho jáwe. Jab ki árzah mazkúr rafa hotá jātá hai to muláyam taqwiyat dahindah ghizá dí já saktí hai, aur agar maríz ko beqarári ho to kabhí adwiyah khwábáwar de sakte hain. Adwiyah mutharrik kí aksar zarúrat nahín hotí, aur agar dewen to bahut soch samajh kar. • Hálát rodon kí bahut hoshiyári se malhúz rahe aur kabhí kabhí ek khafif mushil diyá jáwe.

Alámaten qism chechak mujtama kí.—Is qism men bímárí mazkúr ke áblah beshumár hote hain, aur ápas men mil játe hain, tap shadíd aur ek typhoid qism kí hotí hai, nabz bahut qawwí nahín hotí, maríz bahut nátawán ho jātá hai. Alámaten darjah awwal kí waisí hí hotí hain jaise ki qism mutfáwat men hotí hain, balki ziyádatar saht o shadíd ho jātí hain, aur shiddat tap kí bhí ziyádah hotí hai, aur uske sáth niháyat tahrík rag o putthe kí hotí hai, aur aksar hálát hizyán ho jātí hai. Nikalná dánon ká aksar tísre din záhir hotá hai, aur dāne chechak ke báhir nikal áte hain ziyádah jald banisbat qism mutfáwat ke, lekin sahtí tap kí nahín hotí, ágház darjah doyam par jaise ki wuh kam hotí hai qism mutfáwat men. Awwal dánon men koí khas chíz nahín hotí, lekin ek do din men áblah is qadar nahín ubharte aur is qadar bharte jaise ki hameshah aur batadríj dāne chehrah ke ek दूसरे se mil játe hain aur ek hamwár ke se ban játe hain, aur us men ek raqíq kuchh lahúsá bajáe rím ke hotá hai. Chehrah niháyat súj jātá hai, aur jab ki hajúm wáqa hotá hai wuh apní surkh rangat ko kho detá hai, aur sufed aur rímdár ho jātá hai. Qaríb áthwen din ke post áblon ká siyáh sá ho jātá hai, yá wuh shaq ho jātá hai, aur

the twentieth day, large scabs fall off, disclosing ulcerations of the skin and leaving permanent pits and seams. About the tenth or eleventh day, a secondary fever sets in, attended with a variety of distressing symptoms: the skin becomes dry and hot, with a quickened pulse, white tongue, and thirst; there is often violent delirium or coma present, or that peculiar affection of the nervous system resembling "delirium tremens." The chest is liable to be affected, especially the pleura, which is often the seat of sudden and fatal inflammation. Boils and abscesses may also form in different parts of the body, as well as hemorrhages from some of the passages. Gangrene of the genitals frequently takes place, and usually proves fatal; there is often severe ophthalmia causing sloughing of the cornea.

Treatment of confluent small pox.—Great care is required at the commencement to prevent the fever attaining a dangerous height. When the secondary fever has set in, you should give diluent drinks, occasional aperients, and if there be irritation and restlessness, opiates. It is seldom safe to bleed at this late period. In bad cases of secondary fever, there is often great debility, coldness of the extremities, and typhoid symptoms. A similar state is often produced by the drain of matter from the pustules when they are very numerous, and sloughing sores upon parts of the body exposed to pressure. Under these circumstances, wine, tonics and stimulants are called for, as the only means you have of supporting the patient's strength. Children should have their hands confined, to prevent them scratching the pustules on their faces. The pustules do not require any particular local treatment; if they become hard, anoint them with a little sweet oil, or dust them with starch or other dry powder, when they are discharging thin bloody matter. Change of air will be highly beneficial when the patient is convalescent.

Questions.

How many varieties of small pox are there, and what are they called?

siyáh phoré mutáfin chhilke banjáte hain, aur biswen din hare bare chhilke gir parte hain, aur jild badan men se zaḥm záhir hote hain aur hameshah ko ghát rah játe hain. Qaríb daswen yá gyárahwen din ke, ek dúsrí qism kí tap shurú hotí hai, aur us ke súth muḁhtalíf taklíf dahindah alámaten hotí hain, jild badan kí ḁhushk aur garam ho játi hai, nabz tund, zubán sufed, aur tishnagí hotí hai, is men aksar hálát-i-hizyán yá behoshí, yá yih kí ek ḁhás dard rag o puṭṭhe ká mushábah marz delirium tremens ke hotá hai. Chhátí men basabab is marz ke ḁhalal ho saktá hai, ḁhasúsan ghashaurriyá men jis men yakáyak muhlik sozish á játi hai. Phunsiyán aur dumbul bhí muḁhtalíf ajzái jism par ho játe hain, aur bhí baží ráhon se ḁhún jári hotá hai. ḁhusyatin aksar saṛ játe hain, aur aksar maríz halák ho játá hai; is marz men aksar dukhná áṅkhon ká wáḁa hotá hai jinke sabab se qarínah men chhichṛe ho játe hain.

Maáljah qism mujtama chechak ká.—Ágház marz men baří ihtiyát is bát kí rakhní zarúr hai ki tap is qadar shiddat na pakṛe ki jisse mujib ḁhauf o ḁhatr ho. Jab kí dúsrí tap shurú ho, to cháhiye kí ashrubah raqíq aur kabhí kabhí adwiyah muláyyan aur agar sozish aur beqarári ho to adwiyah ḁhwábáwar dewen. Is pichhle waqt men ḁhún ká lená niháyat ḁhatrnák hai. Darsúrat bad qism ke hone tap sání ke aksar baří nátawání aur sardí háth pánw kí aur alámaten tap typhoid kí hotí hain. Aur aksar basabab nikalne mawád ke phunsiyon se hál tap mazkúr ká sá guzartá hai jis súrat men kí phunsiyán beshumár hon aur chhichṛe paṛ jáwen, aur zaḁhm azáe jism ke daben. Aisi súraton men sharáb angúr aur adwiyah muqawwí aur mutharrik wáste madad táqat maríz ke den kyunki sirif yihí tádbír bahál rakhne táqat maríz ke hai. Is nazr par kí bachcha phunsiyon ko chehrah kí na nochen, un ke háth bándh diye jáwen. Lagáná kisí dawá ká phunsiyon par, darsúrateki saḁht ho jáwen zarúrat nahín rakhtá lekin gúnah mīthá tel mal den, yá un par koí ḁhushk powder chhīrak dewen, jis súrat men kí un men raqíq medeh ḁhún álúd nikaltá ho. Jab kí maríz ko ifaḁát hásil hai, to tabdíl áb o hawá bahut mufíd hogá.

Sawálat.

Kitne aqsám chechak ke hain, aur unko kyá kyá kahte hain ?

What are the symptoms of distinct small pox ?

What treatment should you adopt in the distinct form of the disease ?

Describe the symptoms of the confluent form of the disease, and the meaning of the term.

What organ in particular is very apt to become inflamed in this variety of the disease ?

What treatment should you adopt at first in the confluent form of the disease ?

What takes place generally about the tenth or eleventh day in the confluent form of the disease ?

In bad cases of secondary fever, what is often the state of the patient, and what should you then do ?

VARICELLA; CHICKEN OR SWINE POX.

Symptoms.—The eruption is preceded by more or less fever, and first appears on the back, neck and breast, the face being comparatively free, coming out suddenly in the form of little blisters, about the size of split peas, and filled with a transparent straw-colored or yellow lymph. These vesicles may be oval, pointed, round, or may be confluent, thus constituting the four varieties. Successive crops of vesicles come out, which is characteristic of the disease, not occurring in any other of the eruptive fevers. There is usually a slight degree of redness of the skin round the vesicles, accompanied with itching. About the fourth or fifth day they begin to dry up, turning into brown gummy scabs; these crumble off in the course of a week or ten days, sometimes leaving pits in the skin.

Treatment.—It is merely necessary to keep the child in bed or three days, and not allow it animal food, or heating drinks. Towards the close of the disease, a mild laxative may be given, and the return to its ordinary food must be very gradual.

Questions.

What are the symptoms of varicella ?

Kyá haiñ alámaten qism mutfáwat chechak kí?

Kyá maqljah awwal iḡhtiyár karná cháhiye qism mutfáwat ársah chechak men?

Bayán karo alámaten qism mujtama chechak kí aur mañe us lafz ke?

Kaun se azá men ḡháskar is qism kí bímárí men sozish á játi hai?

Kyá iláj awwal iḡhtiyár karná cháhiye qism mujtama bímárí mazkúr men?

Kyá wáqa hotá hai amúman qaríb daswen yá gyárahwen din ko is bímárí qism mujtama men?

Burí hálaton men tap-i-sání kí hálát maríz kí aksar kyá hotí hai, aur us súrat men kyá karná cháhiye?

VARICELLA; YANE CHICKEN YÁ SWINE POX.

Alámaten.—Dánon ke nikalne se pahle ziyádah yá kam tap hotí hai, aur awwal dáne zahir hote haiñ, pusht, aur gardan, aur sínah par, aur chehrah banisbat in azá ke un se mahfúz rahtá hai, aur nikalte haiñ dafatan basúrat chhoṭe chhoṭe áblon ke qaríb dalí huí maṭar ke, aur in men ek shafáf straw yane ghás ke rang ke, yá zard ratúḡat bharí hotí hai. Yih áblah ho sakte haiñ baizáwí, yá nokdár, yá mudawwar, yá hajúm men bhí hosakte haiñ, aur is tarah inkí chár iqsám hotí haiñ. Mutwátir guchchhe áblon ke báhar nikal áte haiñ jo ki ḡhásah hai is bímárí ká, aur kisi qism ke buḡhár men jis men dáne nikalte haiñ yih bát nahín hotí. Is marz men thoṛí sí surḡhí jild ke gird áblon kí hotí hai, aur uske sáth ḡhárish bhí hotí hai. Qaríb chauthe yá páñchwen din ke weh ḡhushk hone shurú hote haiñ, aur mutbaddil ho játe haiñ bích bhúre gondár chhilkon ke, yih tút kar jhar játe haiñ ek haftah yá das din ke ársa men, lekin baze waqt jald badan men garhe chhor játe haiñ.

Maqljah.—Sirf yih bát zarúr hai ki do yá tén din tak bachcha ko uske bistar men rakkhen, aur use ghost yá ashrúḡa garam na den. Barwaqt iḡhtitám marz mazkúr ke ek ḡhafíf sá julláb diyá já saktá hai, aur maríz láyá jáwe batadríj uske mamúli aur hameshah kí ḡhizá par.

Sawálat.

Kyá haiñ alámaten ársah varicella kí?

How many varieties of eruption are there, and how are they designated?

What peculiarity is there in this disease, which does not occur in any other of the eruptive fevers?

What treatment should you adopt in this disease?

VERMES; WORMS.

Symptoms.—Worms may be suspected to be present when a child looks pale, and grows emaciated, while his belly swells and becomes hard: there is a gnawing, burning, or twisting pain felt in the stomach or about the navel. The appetite is usually precarious, at times voracious: the breath is fœtid, and the bowels deranged, being alternately purged or costive, and much mucus passes in the stools. The child picks its nose, or it has great irritation at the rectum, and if it is old enough, complains of faintness from the irritation caused by the worms. Its sleep becomes unquiet, subject to start up, or suddenly awakes from its sleep, it grinds its teeth, the eyes look fixed, and the pupils dilated; there is listlessness, restlessness, or great depression of spirits; sometimes there is pain in the head or even convulsions; the pulse is quickened, the breathing hurried, oppressed or difficult, accompanied with a dry convulsive cough. There are three varieties of worm found in the human intestines, viz. the “*ascaris lambricoides*,” or long round worm, which resides in the small intestines and causes colicky pains about the navel with faintness, also great emaciation and voracious appetite;—the “*ascarides*” or thread worms: these reside in the large intestines, particularly the rectum, and may be often seen in great numbers in the stools, looking like pieces of cut thread; they often creep from the rectum, and may be found in the bed clothes, or seen clustering round the anus; the itching and irritation felt in the rectum, generally increased in the evening, is a characteristic sign of their presence;—the “*tœnia*” or tape worm, this last variety is more frequently found in the adult, and has often been seen ten or fifteen yards in length.

Us men kitní qismen dāne kí hotí haiñ aur kistarah weh nishān kí gāí haiñ ?

Is bīmārī men wuh kaunsí khasúsiyat hai jo ki nahīñ wāqā hotí hai kisí aur nikalne wāle dānon men ?

Kyá ilāj ikhtiyār karna chāhiye is bīmārī men ?

VERMES ; YANE KIRM-I-SHIKAM.

Alámateñ.—Jab ki bachcha zard dikhláí de, aur roz baroz nátawān hotá jáe, to yih gumān ho saktá hai ki uske peṭ men kíre haiñ ; uská peṭ phúl játá hai, aur saḡht ho játá hai, medeh men yá qaríb náf ke sozindah yá pechishdár dard hotá hai. Ishtahá hameshah besabát hotí hai, magar baze auqát bahut tanaffus mutaffin hotá hai, aur rodeh basabab iske ki kabhí ishál aur kabhí qabz rahtá hai betartíb ho játe haiñ, aur doston men bahut áñw áti hai, bachchá apní nák ko khujlátá hai, yá uske miqād men ek sozish hotí hai, aur agar wuh káfi bará hotá hai to wuh shikáyat *zā'if* kí us sozish se rakhtá hai jo ki babáís kíron ke paidá hotí hai. Bachchá árām se nahīñ sotá, dam badam chaunk pārtá hai, aur dafátan sote sote jág uṭhtá hai, aur apne dānt chabátá hai, aur ánkhen pathrá játí haiñ aur putliyān barí ho játí haiñ. Is marz men ghaflat aur baqarārī yá niháyat za'if-i-hawás hotá hai aur baze auqát dard sir yá tashannuj hotá hai, nabz tund ho játí hai, aur dam jald jald átá játá hai, aur uske áne jáne men taklíf aur diqqat hotí hai, aur uske sáth ek khushk tashannuj ke sáth khānsí hotí hai. Insán ke rodeh men tīn iqsám kíron kí hotí haiñ, jinkí tafsíl yih hai. “*Ascaris lambricoides*” yane lambá mudawwar kirá jo ki chhotí ánton men rahtá hai, aur báis hotá hai qulinj ke se dardon ká, qaríb náf ke sáth hálát ghashí ke, aur is men bare bare dast áte haiñ, aur bhúkh ziyádah hotí hai. “*Ascarides*” yane sūt ke se kíre: yih rahte haiñ barí ánton men, khasúsan miqād men, aur aksar bakasrat dekhe já sakte haiñ doston men, aur dikhláí dete haiñ misl katre hue sūt ke tukron ke, weh aksar chalte haiñ miqād se aur dekhe já sakte haiñ bistar ke kapron men yá unká guchhá gird miqād ke dikháí detá hai, aur khārish aur sozish káñch men ma'lúm hotí hai, aur yih shám ke waqt aksar ziyádah ho játí hai, aur hai ek khás alámat unkí maujúdgi kí. “*Tonia*”—yih ákhír qism hai, aksar páí gāí jawán ádmiyon men, aur aksar dekhí gāí hai das yá pandrah gaz lambán men.

Treatment.—As turpentine generally acts against all kinds of worms, and may be safely given to very young children, you should administer this medicine in doses of half a drachm to one drachm of the oil of turpentine mixed in a little milk, two or three hours after a meal, and not on an empty stomach, following it up with castor oil two or three hours after; in adults, the dose may be increased to one or two ounces: persons should remain quiet after taking this medicine, as it is very apt to irritate the stomach and cause vomiting. The thread worm is speedily removed by injections of turpentine and rice or barley water; the medicine should however be taken internally also. The food should be nutritious, or even occasionally stimulant, salt being freely eaten at meat time. Injections also of sulphate of iron, from two to five grains, with four ounces of water for a child, will be often found very serviceable.

Questions.

What are the usual symptoms of a child having worms?

How many varieties of worms are there found in the human intestines, and what are they called?

What treatment should you adopt for their removal?

What kind of food should you give those laboring under this affection?

Maq̄lah.—Chúnki turpentine aksar amal kartá hai bar̄khiláf tamám qismon kiron ke, aur diyá já saktá hai bahut chhote bachchon ko bhí, to cháhíye ki istamál is dawá ke tel ká nisf drachm se ek drachm tak thore se dudh men milákar do yá tñ ghanṭe bad kháne ghizá ke karen, magar medeh khálee na ho, aur phir do tin ghanṭe bad is ke arandí ká tel dewen; cháhíye ki maríz bad kháne is dawá ke kuchh harkat na karen, kyunki us medeh men jald sozish paidá ho saktí hai, aur qai á saktí hai. Wáste jawán ádmíyon ke maqtád ziyádah kí já saktí hai ek yá do ounce tak. Sútí kire jald nikále já sakte hain sáth pichkáriyon turpentine aur chával ke pání yá áb-i-jau ke, lekin cháhíye ki yih dawá khái bhí jáwe. Ghizá honí cháhíye muqawwí bhí yá kabhí kabhí mutharrik, aur namak waqt ghizá ke bakhúbí kháyá jáwe. Pichkáriyán sulphate of iron do grain se pañch grain tak sáth chár ounce pání ke ek bachche ke liye bahut mufid pái jáwengi.

Sawálát.

Kyá hain mamúlí alámaten ek larke kí peṭ men kire hone kí?

Kitní qism ke kire insán ke rodon men páe gae hain, aur wuh kyá kahláe játe hain?

Kyá iláj tum iḡhtiyár kar sakte ho wáste rafa karne in kiron ke?

Kis qism kí ghizá dení cháhíye un logon ko jo ki is bímárí men mubtilá hote hain?

PART IV.
ON
TOXICOLOGY.

BA'B CHAHA'RAM.



DAR BAYA'N ZAHAR.

PART IV.

ON TOXICOLOGY.

Question.—What is a poison ?

Answer.—That which when applied externally, or taken internally, causes such derangement, as to produce disease, and at times, death.

Q.—How are poisons divided ?

A.—Into animal, vegetable, mineral and ærial.

Q.—How many classes of poisons are there ?

A.—Six, viz.

The corrosive, as corrosive sublimate, red oxyde of mercury, the sulphate of mercury, mercurial vapours; preparations of arsenic, copper, tin, zinc, nitrate of silver; the mineral acids; the corrosive alkalies, as the subcarbonate of soda, potash, ammonia, lime, powdered glass, and Spanish flies.

The astringent, as preparations of lead.

The acrid, as the gases, chlorine, muriatic acid, sulphuric acid, nitrous and nitro-muriatic vapors.

The narcotic and stupifying, the gases hydrogen, azote, and the oxyde of azote, opium, stramonium, henbane, prussic acid, &c.

Narcotico acrid, as carbonic acid, or the gas of charcoal, and fermenting liquors, belladonna, tobacco, foxglove, camphor, cocculus indicus, ergot of rye, &c.

Septic or putrescent, sulphuretted hydrogen, putrid effluvia of animal bodies, the bites of venomous animals, the rattlesnake, scorpion, mad dog, &c., &c.

MINERAL POISONS ; PREPARATIONS OF ARSENIC.

Symptoms.—Little or no taste; generally within an hour, pain and heat are felt in the stomach, soon followed by vomiting, with burning and dryness of the throat, and great thirst; the ejected matters are green, yellow or bloody. Diarrhœa and tenesmus ensue, the pulse becomes small, frequent and irregular, and the

BÁB CHAHÁRAM.

DAR BAYA'N ZAHAR.



Sawál.—Bayán karo zahar kyá hai ?

Jawáb.—Jo chíz kháne yá badan par lagáne se bímárí yá maut paidá kare.

S.—Iqsám-i-zahar kyunkar hain ?

J.—Haiwánátí, nabátátí, dhátí aur äerial yane hawáí.

S.—Iqsám-i-zahar kai hain ?

J.—Chhah hain.

1st. *Corrosive*, misl corrosive sublimate, red oxide of mercury, sulphate of mercury, mercurial vapors, preparations of arsenic, támbá, tin, zinc, nitrate of silver, dhátí tezáb, corrosive alkalies, misl subcarbonate of soda, potásh, naushádar, chúná, pisá huá shí-shah, aur Spain kí makkhí.

2nd. *Qábiz*, misl preparations of lead.

3rd. *Hamúziyát*, misl gases, chlorine, muriatic acid, sulphuric acid, nitrous aur nitromuriatic vapors.

4th. *Muskir*, aur stupifying, yane behosh karnewálá, misl gases, hydrogen, azote, aur oxyde of azote, opium, stramonium, henbane, prussic acid, waghairah.

5th. *Muskir* hamúziyát, misl carbonic acid, yá gas of charcoal, aur urnewálí pání kí chíz, belladonna, tambákú, foxglove, kafúr, coccus indicus, ergot of rye, waghairah.

6th. *Badbúdár*, sulphuretted hydrogen, badbú sarí huí nash haiwánát kí, zahríle haiwánát, rattlesnake yane sánp, bichchú, díwáná kuttá, waghairah.

DHÁTÍ SAMÚMIYÁT; MURATTABÁT SANĶHIYAI KE.

Alámaten.—Záeqá bahut kam yá nahín hotá, amuman ek ghanṭe ke arse men hiddat-o-dard medeh men malúm hotá hai, aur fauran bad iske dák lag játí hai aur halqúm men sozish aur kḥushkí, piyás kí shiddat hotí hai, qai yá to zard yá sabz yá kḥún álúd hotí hai. Is mauqá par dast aur nibáhí hotí hai, aur nabz patlí aur sarí aur

breathing oppressed. Dysuria and bloody urine occur; cramps and slight convulsions often precede death, which sometimes takes place in five or six hours after the arsenic has been taken.

Treatment.—Excite vomiting by emetics of sulphate of zinc if not already present, encourage it with large draughts of new milk, gruel, or linseed tea, so as to envelope, and get rid of the arsenic. Inflammatory symptoms are to be subdued by bleeding from the arm, leeches and fomentations to the abdomen; emollient clysters, and other appropriate remedies. Dysenteric and nervous consequences should be relieved by the usual remedies. If death does not ensue, the diet should be fluid, farinaceous and demulcent for a considerable time afterwards.

Tests.

Those most usually now employed are Marsh's and Reinch's, and may be thus described.

Marsh's test.—It is the reduction of the metal by calcining in a small glass tube with a spirit lamp, the dried suspected matter, mixed with fresh burnt charcoal, when, if arsenic be present, even the hundredth part of a grain, it will be sublimed, and adhere to the inside of the tube in the form of a shining metallic crust externally, and appear crystalline internally, when viewed with a magnifying glass; this crust may be reconverted by exposure to heat, into the white oxyde, consisting of minute octahedrons with triangular fascettes, easily recognised with a microscope.

Reinch's test.—This is considered a more delicate test than the former. It consists in boiling the suspected substance with electrotrope copper and strong muriatic acid. Metallic arsenic is deposited as a black coating on the copper, and by removing this metal from the liquid, washing it with a little distilled water, and allowing it to dry, on heating it in a glass tube, the metallic arsenic and crystals of arsenious acid sublime.

beqáidah ho játfí hai, aur sáns diqqat se átá hai, pesháb bataklíf aur khún álúd átá hai, aint̃han aur gunah tashannuj aksar qabalaz maut ke láhaq hotá hai, baz auqát páñch yá chhah ghanṭe bad kháne sankhiyá ke.

Maqljah.—Adwiyah qaiáwar sulphate of zinc se qai ko ziyádati den, aur agar yih maujúd na hon to kuchh dúdh tázah yá cháwal kí pích yá alsí kí cháh is qadar ifráṭ se piláwen ki sankhiya men maḡhlút hokar is ko qai men níkal den. Agar alámaten sozish kí numáyán howen to un ko bazariáh háth ke fasd, jonkon, aur senk-i-shikam, aur mulayyan pichkáriyon aur aur tadábír munásib se rafa karen. Wáste rafa ishál aur khalal is áb ke lázim hai ki mamúli iláj amal men láwen. Agar maut láhaq na ho to ghizá muddat tak raqíq aur táqatbakhs̃h aur naram dene cháhiye.

Shanákhṭ.

Taríq shanákhṭ ke, jo niháyat aksar in dinon men amal men áte hain weh do hain, ek to Mársh sáhab ká, dúsrá Reinṭh sáhab ká, aur hál unká zail men likhá hai.

Mársh sáhab ká taríq shanákhṭ ká—Yih hai: níkalná maḡní ká bazariáh jaláne ke use spirit lamp se darmiyán ek síse kí nalí ke khusk kí huí shai ko jis men shubah zahar ká hai, táze jaláe hue koelon men milá den, agar sankhya us men maḡhlút hoke ba-miqdár sowen hisse ek grain ke ho to bhí farár hoke andar kí taraf nalí men aur báhir se bashakl tábindah maḡní chhilke ke, aur andar se misl billaur ke díkhái degí agar jo durbín se musháhidah karen. Agar is chhilke ko muqábil garmí ke karen to wuh sufed oxyde men mubaddil ho jáegá, aur basúrat chhoṭe chhoṭe hasht pahlú yá musallas tukron ke mubaddil hokar bazariáh microscope yane barháne wále síse se díkhái degá.

Taríq shanákhṭ Reinṭh sáhab ká.—Yih pahle se niháyat behtar taríq shanákhṭ ká hai, aur wuh yih hai, ki us shai ko ki jis men shubah zahar ká ho sáth electrotpe tamba aur tez muriatic acid, yane namak ke tezáb ke josh den. Sankhiya misl siyáh tah támbe ke úpar jam jáwegá, aur us maḡaní shai ko raqíq shai se judá kar ke aur thoṛe khínche hue pání se dho kar aur khusk kar ke agar síse kí nalí men us ko garmí den to sankhiya maḡaní aur chhilke sankhiya ke tezáb se jam jáwenge.

PREPARATIONS OF ANTIMONY. .

Symptoms.—Similar to those occasioned by acids, with painful and obstinate vomiting, copious stools, constriction of the throat, cramps, symptoms of intoxication, and prostration of strength, often terminating in death.

Treatment.—Vomiting to be excited by tickling the throat with a feather or the finger, and by large draughts of mild bland fluids, as rice water, gruel, or linseed tea; or allayed by opium according to the previous effect of the poison. The best antidotes are, decoctions of astringent vegetables, such as oak, cinchona, or willow bark, gall nuts or strong tea, which may be given freely to excite vomiting, and at the same time to decompose the poison.

Tests.

Tartarized antimony is precipitated from its solution, of an orange color, by sulphuretted hydrogen and the hydro-sulphurets, the precipitate being reduced to the metallic state, by exposure to a stream of hydrogen gas while heated in a glass tube. It is also precipitated white by sulphuric acid, alkalies, lime, and barytes waters. Alkaline and earthy neutral salts do not affect it, but salts with excess of acid do. The muriate of antimony is a dark heavy fluid, to which if water be added, a white precipitate is formed. The oxyde is soluble in muriatic acid, forming the muriate. All the preparations of antimony are readily reduced to the metallic state on a large scale, by calcination with charcoal and potash.

PREPARATIONS OF BISMUTH.

Symptoms.—Similar to those of other corrosive poisons, with great heat in the chest and very difficult breathing.

Treatment.—No specific antidote is known. Milk and mild mucilaginous fluids to be drank plentifully to facilitate vomiting, and purgatives should be given.

MURATTABÁT ANTIMONY KE.

Alámaten.—Waise hí hote hain jo ki acid yane tezábön ke kháne se paidá hotí hain, sáth is bát ke ki dard ke sáth dák bashiddat lag játí hai, aur dast bakasrat járí ho játe hain, aur galá ghut játá hai, aur tashannuj ho játá hai, aur alámaten behoshí kí numáyán hotí hain, aur táqat záyal ho játí hai, aur aksar maríz mar játá hai.

Maáljah.—Cháhiye ki qai ko bazariah gudgudáne gale ke par yá unglí se aur raqíq aur latíf ashrúbah misl chával ke pání, pích yá cháh alsí, bakasrat dewen, yá usko bazariah dene afiun ke kam karen, jis tarah par ki zahar ne pahle asar kyá hai. Bahtar adwiyah dáfa-uz-zahar joshándah qábiz nabátát ke hote hain, misl chhálon darakht oak, cinchona yá willow ke: májú phal yá tez baní huí cháh bhí dáfa zahar hai, aur unko bakhúbí piláwen wáste ziyádah karne qai ke, aur is nazar par ki zahar ko judá kare.

Shanákhht.

Tártarized ántimony baith játí hai bád ghulne ke, aur rang us ká náranjí ho játá hai; sulphuretted hydrogen aur hydro-sulphurets se fauran bahálat mađaní ho játí hai babáis lagne hydrogen gás ke jab ki síse kí nalí ko gunah garmí pahunche. Uskí rangat sulphuric acid, alkalies, chúná, aur barytes pání se fauran sufed ho játí hai. Alkaline aur zamíni neutral namak uspar kuchh asar nahín karte, lekin namak mai tezáb ke kartá hai; muriate of ántimony goki siyáh aur gadlá pání hai lekin agar us men pání ko shámil karen to fauran barang sufed ho jáegá. Oxyde ke galne se muriatic acid men, muriate ban játá hai. Sabtarah kí antimony fauran bahálat mađaní ho kar bare bare chhilke ban játe hain chár-coal aur potásh ke sáth jaláne se.

MURATTABÁT BISMATH.

Alámaten.—Iskí misl alámaten corrosive sammumiyát ke hain jin men niháyat garmí sínah aur diqqat sáns małúm hotí hai.

Maáljah.—Koi maḥsús zaharmohrá yane dáfa-uz-zahar is ká hanoz tajwíz nahín huá, balki sirf dúdh aur mulayyan luḡbdár ashrúbah bawáste karáne qai ke bakasrat piláte hain, aur bádhi julláb dete hain.

Tests.

The nitrate boiled with distilled water is decomposed, part being precipitated as sub-nitrate, and part remaining dissolved, being a super-nitrate. This solution is colorless, reddens litmus paper, and the hydrosulphurets produce a black insoluble sulphuret of bismuth. The sub-nitrate is soluble with a little heat in nitric acid, from which the alkalis precipitate the white oxyde, which is easily reduced by calcination. Chromate of potash precipitates it yellow.

PREPARATIONS OF COPPER.

Food cooked in foul dirty vessels, and pickles made green by copper.

Symptoms.—Taste acrid and coppery, tongue dry and parched, constriction of the throat, and coppery eructations, severe vomitings, or fruitless efforts to vomit, dragging at the stomach, dreadful colic, frequent black bloody stools with tenesmus, abdomen distended, pulse small, hard and quick; syncope, great thirst and anxiety, cold sweats, scanty urine, cephalalgia, vertigo, cramps and convulsions, usually preceding death.

Treatment.—Large draughts of milk and water to encourage vomiting, whites of eggs stirred up with water and taken freely. Inflammatory symptoms to be subdued on general principles, and the nervous symptoms by anodynes and antispasmodics; sugar dissolved in coffee may be given with advantage. The ferrocyanate of potash has also been recommended as an antidote, next to albumen or white of eggs.

Tests.

The salts of copper are mostly of a bright green or blue color, and are easily reduced by charcoal at an elevated temperature. The sulphate is partly decomposed by alkalis and alkaline earths. Potash precipitates a subsulphate of a green color from it. If the salts of copper be dissolved in coffee, port wine, or malt liquors, which in part decomposes them, they may be detected by adding

Shanáḳht.

Chuáe hue pání aur shore ke sáth agar josh kyá jáwe to wuh iláhda ho kar fauran misl subnitrate ho jáegá aur jo chíz ki us men báqí rahegí so wuh ghol kar super-nitrate bad rang surkhi máil misl litmus kághaz ke rahegí. Aur hydro-sulphurets ek siyáh rang aur qábil na galne ke jo usse paidá hotá hai wuh sulphuret of bismuth hai. Agar shore ke tezáb men sub-nitrate ko ghol kar gúnah garmí karne pahuncháwen to wuh galkar fauran basúrat alkalies sufed kúshte ke, qábil-i-soḳhtane baásane tamám ho jáwegá. Chromate of potash usko fauran basúrat zardí láwegá.

MURATTABÁT TÁMBÁ.

Khána pakáyá huá beqalaí bartan támbe men, aur achár jo ki sabz ho játá hai rakhne se támbe men.

Alámaten.—Záiqā tursh aur kasílá, aur zubán par ḳhushkí aur jalan, aur galá ghutṭá huá maḷúm hotá hai, ḳakáren ḳhaṭṭí áti hain, qai bakasrat hotí hai, aur harwaqt jí aisá málish kartá rahtá hai ki qai ho jáwegí, aur medeh men niháyat taqáqur mai dard ke rahtá hai, bárhá siyáh rang ke dast ḳhún ámez nabáhi ke sáth áte hain, aur peṭ phúlá rahtá hai, nabz tezrau aur saḳht aur kam hotí hai, ḡhashí kasrat aur tishnagí aur udásí maḷúm hotí hai, ṭhāde pasí-nah bhí áte hain, aur pesháb kam hotá hai, cephalalgia, ghumerí akráhaṭ aur tashannuj niháyat ho kar maríz mar játá hai.

Maḍljah.—Bakasrat dúdh aur pání pilákar qai karáwen, sufaídí ande kí hamráh pání ke baḳhúbí piláte rahen, táki alámaten sozish rafa ho jáwen, aur tez dard ásáb ko adwiyah mai ḳhuábáwar aur dáfa tashannuj se taskín baḳhshen, aur agar qahwah ko shírín karke piláwen, to usse bhí bará fáidah mutsawwar huá hai; ferrocyanete of potash ko bhí ek dáfa-ul-zahar jáná hai, jab ki sufedí ande ke bad piláwen.

Shanáḳht.

Zangár bazát ḳhud sabz yá nílá chamakdár rang ká hotá hai, agar koele baḳhúbí roshan karke usko garmí pahuncháwen to wuh baásání tamám pighal jáwegá; khár aur khárí maṭṭiyon ko agar sulphate se miláwen, to uská juz o kul iláhidah kar denge, aur potash jo ki subsulphate hai, fauran rangat sabzí máyal pakregá. Agar zangár men qahwa, port wine, yá malt liquors gholá jáwe, to unko phár

a spirituous tincture of guaiacum, which will occasion a precipitate varying in shade from a greenish indigo to that of a pale green. Ammonia added to a solution of any cupreous salt, gives a blue or greenish precipitate according to the quantity, but if added in excess, it re-dissolves the precipitate, and forms a deep blue transparent solution; ferrocyanate of potash produces a fine brown precipitate, and oxyde of arsenic with a little ammonia a grass green one.

PREPARATIONS OF SILVER.

Symptoms.—Similar to those occasioned by other corrosive poisons.

Treatment.—A table spoonful of common salt to be dissolved in a pint of water, and a wine glassful to be taken every two or three minutes, to decompose the poison; after which, mucilaginous drink may be given freely, followed up by purgatives.

Tests.

Nitrate of silver is precipitated white by muriate of soda, yellow by phosphate and chromate of soda; if placed on burning coals, it enlivens them, leaving a coating of silver; calcined with charcoal and potash, the silver is reduced to its metallic state.

PREPARATIONS OF LEAD.

Symptoms.—When taken in large quantity, a sugary, astringent metallic taste; constriction of the throat, pain in the region of the stomach, obstinate, painful, and often bloody vomitings; hiccup, convulsions, and death.

Treatment.—The same as recommended for the salts of barytes; in addition to which, bleeding must be used, if symptoms require it. Castor oil, either with or without opium, to clear the bowels, assisted by frequent emollient clysters; the warm bath should not be omitted. Carbonates should not be given, as they increase the activity of the acetate.

kar khud ilāhdah ho jātā hai, spirit ámez arg guiacum ká jo ki fauran hyyat uskí tabaddul karke sabzí máyal nílá yá zardí liye hue kar detā hai, agar ammonia ko kisi zangár se murakka karen to usse nílí yá sabzí máyal rangat hasb miqdár ke fauran paidá hogí; agar miqdár se ziyádah milāwen, to wuh galkar fauran ek gahrí rangat ká níláshafáf solution ban jáwegá, bhúrírangat ferrocyante of potash ke milāne se fauran bigar jātā hai, aur qadre ammonia aur oxyde of arsenic ke milāne se ghás kí sí sabz rangat ho jātí hai.

MURATTABÁT CHÁNDÍ.

Alámaten.—Is men bhí wuhí wáqa hotí hai misl corrosive zahron ke.

Maáljah.—Ek bará chamcha namak-i-taám ká ádh ser pání men ghol kar aur ek sharáb píne ká glass bharke do yá tén lahzah men piláte rahen, wáste ilāhdah karne zahar ke, bad azán ash-úbah luábdár bakhúbí pilāwen, aur julláb dewen.

Shanákh.

Nitrate of silver fauran sufed ho jātā hai, sajjí ke namak se zard phosphate aur chromate sajjí ke se; agar usko jalte hue coals par rakkhen to do bárah zindah ho kar chándí ká ruá un par jam jáwegá, koela aur potash men jalāne se chándí fauran bahálat-i-madání á jáwegí.

MURATTABÁT SÍSA.

Alámaten.—Agar koí shakhs ise bakasrat khá jáwe, to shírín aur charcharí ashyái mádní ká sá záiqua ho jātā hai, sukar jáná halaq ká, dard medeh sakhtí, qai dard ke sáth átí hai, magar aksaron men khún bhí átā hai, hichkiyán lag jātí hai, tashannuj hokar admí mar jātā hai.

Maáljah.—Is ká maáljah wuhí hai jo ki wáste namak barytes ke tajwíz huá hai bashamúl uske iske istamál men fasd bhí lázim hai, basharteki alámát muqtazí fasd lene kí ho, wáste sáf karne ap-tariyon ke arandí ká tel khwá afyún ke sáth yá bidún afyún ke maj huqnah háí adwiyah mulayyan ke aksar istamál men láyá jáwe; istamál garm pání ke ghushl ká faroguzásht na ho, carbonates dene ~~rahún~~ cháhiyen, kyunki we acetate mazkúr kí tezí ko ziyádah karenge.

Tests.

All the preparations of lead are easily reduced to the metallic state, by calcination with charcoal. The acetate dissolved in water, is precipitated white by sulphuric acid, these precipitates being easily reduced by calcination. The alkaline sulphurets precipitate the acetate of lead of a blackish color, and so does sulphuretted hydrogen gas. A piece of zinc, suspended in a solution of lead, abstracts the lead from the fluid, and it then becomes deposited on the zinc in the form of a metallic tree or crystallization.

PREPARATIONS OF MERCURY.

Symptoms.—An acrid metallic taste, immediate constriction and burning in the throat, with anxiety, and tearing pains in the stomach and bowels; nausea and vomiting of various colored fluids, sometimes bloody; profuse diarrhœa and sometimes dysuria, pulse quick small and hard, faintings, great debility, difficult breathing, cramps, cold sweats; death occurring within twenty-four or thirty-six hours after the sublimate has been taken.

Treatment.—Whites of eggs to be mixed with water, and one to be given every two or three minutes to procure vomiting, and by decomposing, to lessen the virulence of the poison. Milk in large quantities, gum water, or linseed tea, sugar and water, or plain water at about 80°; gluten as it exists in wheat flour, decomposes the sublimate, and should be given mixed with water. Inflammatory consequences should be anticipated, and subdued as they occur, in the usual manner.

Tests.

Mercurial preparations heated to redness in a glass tube with potash, are decomposed, the quicksilver being volatilized. The oxy-muriate is precipitated white by ammonia, yellow by potash, and of an orange color by lime water; by nitrate of tin, a copious dark brown precipitate is formed, and by albumen mixed with cold water a white flocculent one. A few drops of solution of sublimate, placed on a bit of gold, forms a silvery amalgam on it, if touched with an iron pin, owing to a galvanic energy being excited at the

Shanākht.

Sab tarah ke murattabāt sīsa ke baāsānī tamām apnī hālat mādnī par ā sakte haiṅ, koelon men jalāne se acetate pānī men gholā huā sulphuric acid ke zariāḥ se sufed ho kar jald baiṭh jātā hai, yih durd jalāne se baāsānī tamām sūrat pakar jātā hai. Alkaline sulphurets acetate of lead ko jald siyāḥ kar detā hai, aur isī tarah sulphuretted hydrogen gās bhī kar detā hai, agar ṭukre zinc ko ghole hue sīsa men laṭkā den, to wuh sīsa ko pānī se phār kar judā kar detā hai, aur zinc men jamā hokar bashakl ek mādnī darakht yā shafāf o tābindah chīz ke ho jātā hai.

MURATTABÁT PÁRA.

Alámatalen.—Zāiqā tursh ashyāi mādnī ká sá hotā hai, dafatan sukar jānā aur jalau halaq kī mai taraddud aur kharāsh medeh aur antariyon ke dard hotā hai, mālīsh i dil aur qai rang barangīraṭūbāt kī ātī haiṅ, baḥ auqāt khūn ānez. Dast bakasrat jāri ho jāte haiṅ, aur baḥ waqt dysuria nahz tez bārīk aur saḥt ghashī bahut zauf āmad o raft, dam men dushwārī, tashannuj, sard pasīna ānā aur aur alāmāt bad zāhir hotī haiṅ, chaubīs yā chattīs ghante bad khāne sublimate ke marīz mar jātā hai.

Madljah.—Sufeū andon kī pānī men milākar qai karāne ke wāste do do tīn tīn laḥze bad dī jāweṅ tākī saḥtī zahar ilāhidah aur kam ho jāwe, dúdh bakasrat, gond ká pānī, alsī ke bīj ká pānī, shakkar aur pānī yī sādā pānī assī darje tak dyā jāwe; gluten jo kī gehuṅ ke āṭe men hotā hai sublimate ko nikāl detā hai, us ko agar pānī men milākar dewen, magar sozish ká khyāl bhī malhúz rahe, aur agar paidā huī ho to us ká ilāj bataur mamūlī kyā jāwe.

Shanākht.

Murattabāt páre ko ek sīse kī nālī men maíkhār ke lāl aur garam karne se ilāhdah ho jāte haiṅ aur pára uṛ jātā hai. Oxymuriate nausádar se sufed, aur khār se zard, aur chūne ke pānī se nāranjī rang ká ho jātā hai. Shore aur lohe kī sharāb se bahut siyāḥ bhūre rang ká fauran ban jātā hai aur sufedī ande kī aur ṭhānde pānī men milāne se flocculent yāne rūí ká gálā sa ho jāwegā. Agar chand qatraḥ ghole hue sublimate ke ek ṭukre sone par rakkhen to wuh sīmen majmua ban jātā hai. Jo ek lohe kī súí

point of contact. The hydriodate of potash and protochloride of tin are very delicate tests of sublimate.

PREPARATIONS OF TIN.

Symptoms.—Taste austere and metallic, with constriction of the throat, vomitings, with pain over the whole abdomen, copious stools, pulse small, hard and frequent, convulsive movements of the extremities and face, sometimes paralysis, and mostly death.

Treatment.—Milk to be given in large quantities to distend the stomach and produce vomiting, and afterwards to decompose the remains of the poison. Inflammatory or nervous symptoms to be subdued as they occur in the usual manner.

Tests.

The muriate precipitates gold from its solution of a purple color; it is itself precipitated of a bright yellow color by strong tea or alcoholic infusion of galls. Albumen or gelatine occasions a copious flocculent precipitate. The oxyde may be volatilized by heat, is soluble in nitric acid, combines with earths by fusion, and with fixed alkalies forms enamel; it is easily reduced by calcination.

PREPARATIONS OF ZINC.

Symptoms.—An acerb taste, a sensation of choking nausea, and vomiting, pain in the stomach, frequent stools, difficult breathing, quickened pulse, paleness of face, coldness of the extremities, but seldom death, owing to the emetic quality of the poison.

Treatment.—Vomiting, which is the usual consequence of large doses of sulphate of zinc, to be rendered easy by draughts of warm water, and particular symptoms to be met by appropriate remedies. Milk and white of eggs may be given as in poisoning with copper.

Tests.

The pure sulphate is precipitated white by caustic potash and ammonia, yellowish white by the alkaline hydro-sulphurets, and of an orange color by the chromate of lead. The oxyde is readily reduced by calcination with charcoal and nitre, and when heated

us men lagáí jáwe to fauran galvanic ghalbá ho kar ekhí jagah men jama ho jáwegá. Hydriodate of potash aur protochloride of tin se bahut achhchí shanakhht sublimate kí hai.

MURATTABÁT TIN.

Alámaten.—Záiqá tursh aur ashyaí mádní ká sá mai sukar jáne halaq ke. Qai ká áná mai dard ke tamám peṭ men, kasrat-i-ishál, nabz bárík, sakht, aur tezrau, aur tashannuj, dast o pá o chehre ká; baze waqt fálij, aur aksar maut.

Madljah.—Wáste nafkḥ-i-medeh aur qai lâne ke awwalan dúdh bakasrat piláyá jáwe aur baḍ azán báqiah zahar iláhdah kyá jáwe. Sozish rag o puṭṭhe kí alámaten befaur ihdás rafa kí jáwen bataur mamúlí.

Shanákhht.

Namak sabz rang ká baiṭh játá hai jab ki us ko nafarmáne rang men dálen, bazát khud tábindah zard rang ká ho játá hai, tez baní huí cháh yá sharáb ámez khisándah mázú se sufedí ande ke yá gelatin ke ámezish se ek niháyat ruí ká sá galá durd baiṭh játá hai, garmí páne se kushtá uská ur játá hai. Nitric acid men gal játá hai. Pighláne se khák men mil játá hai, aur mujassim khár se enamel ban játá hai, phúkná uská ásan hai.

MURATTABÁT ZINC.

Alámaten.—Záiqá kharáb, nalkhara ruká huá sá, jí matlátá huá, qai áí huí, dard medeh men, dast barhá áte hue, diqqat sáps, tezí nabz, zardí chehre, malúm honá sardí ká dast o páw men, lekin gáhe maríz mar bhí játá hai.

Madljah.—Barí maṭáden sulphate of zinc se ki jo qai hote hai unko bakasrat garam pání se rafa karná cháhiye, aur makhsús alámaten agar daryáft howen to un ká iláj mamúlí karen. Dúdh aur sufedí ande kí dewen jaisá ki zahar khurdah támbe ko dete hai.

Shanákhht.

Khális sulphate baiṭh játá hai barang sufed canstic potash aur nausádar se, zardí máil sufed ho játá hai alkaline hydro-sulphurets se. Aur barang náranjí tabaddul hotá hai ámezish cromate se. us se naḥo kushtá banáyá cháhen to koele aur shore men

nearly to redness, it becomes yellow, and on cooling becomes white again; this is very characteristic.

BY MINERAL ACIDS.

Symptoms.—An acid burning taste, acute pain in the throat, frequent vomiting of bloody fluid, which effervesces with chalk or alkaline carbonates, and reddens litmus paper, the mouth or lips excoriated, shrivelled, white or yellow, hiccup, copious stools more or less bloody, tenderness of the abdomen, difficult breathing, irregular pulse, excessive thirst, drink increasing the pain and seldom staying down, frequent but vain efforts at micturition, cold sweats, altered countenance, convulsions and death. If prussic acid be taken largely, death is the immediate result; in smaller quantities, it produces stupor, nausea, vertigo, with loss of sight, and sometimes salivation, difficult breathing, dilated pupils and syncope, which, if not soon relieved, terminates in death; when applied to sores or to the surface of the body incautiously, the same effects are produced. All the salts formed with this acid are more or less poisonous. The essential oil of bitter almonds is very similar to prussic acid, and nearly as destructive in its effects.

Treatment.—Mix an ounce of calcined magnesia with a quart of water, and give a wine glassful every two minutes. Soap or chalk and water may be used until magnesia can be procured. Carbonated alkalies are objectionable, on account of the great extrication of gas in the stomach, and the salts formed with them are too irritating for that organ. Vomiting to be excited by tickling the throat. Diluents may be taken after the poison has been got rid of, and the return to solid food must be very gradual. Inflammatory and other consequences to be treated by the usual remedies. If the vitriolic acid has been swallowed, water alone should not be given, nor should calcined magnesia with water be given, but the common carbonate of magnesia may be given freely when mixed with water. There is too much heat generated in the stomach, if the above cautions are not attended to. Chalk and water is preferable to magnesia, if oxalic acid has been taken.

jalāwen, aur jis waqt ki qarīb surkh hone ke sufed, jo ki makhsús khásiyat us kí hai.

MAĐANÍ TEZÁB SE.

Alámaten.—Kháne acid se záiqua sozindah, dard shadíd halaq men, bárhá honá khún álúda ratúbát qai, jo ki ur játi hai khariyá mittí yá alkaline carbonates se, aur surkh kar detá hai litmas kághaz ko; dahan yá lab kharáshídah sukre hue, sufed yá zard ho játe hain. Hichkiyán lag játi hain, dast bakasrat kam o besh khún álúda jári ho játe hain. Peṭ lag játa hai, diqqat-i-tanaffus, nabz beqáidāh, tishnagí mufrit ho játi hai, pání ke píne se dard bakasrat aur gáhe batakhfíf hotá hai. Láhásil qasd wáste pesháb karne ke kartá hai, sard pasíne áte hain, hyyat badal játi hai, tashannuj hokar maríz mar játa hai, agar kisí ne prussic acid bakasrat kháyá hai jisse ki ádmí bahut jald mar játa hai ek qadare miqdár men, usse behóshí, jí matláná, ghumere mai tírgi-i-bínái ke wáqa hotí hai, aur báze waqt munh á játa hai, diqqat-i-tanaffus, putliyán farákh aur behoshí jo ki bafaur na rafa ki jáwen to maríz ján bahaq ho játa hai. Jab ki nádánistgí se zaḥimon par yá kisí aur satah jism par lag játa hai to usse bhí wuhí tásír paidá ho jatí hain. Tamám namak jin men ki is acid ke ámezish hai kam o besh zahríle hain, muqattar raughan-i-badám talakh bhí tásír misl prussic acid ke rakhtá hai aur qarīb qarīb, waisá hí qátíl hai bazát khud.

Maáljah.—Ek ounce jalái huí magnesia ek ser pání men milákar sharáb píne ká glass bhar ke do do lahze men piláte rahen. Adam dastyábí magnesia men sábuñ yá khariyá mittí aur pání piláte rahen. Carbonated alkalies ba waste iláhdah karne gús medeh se mufíd hain, aur jin namkon men in kí ámezish hai weh bhí fáidámand aise mahal men hote hain. Qai karání bazariāh gudgudáne halaq ke cháhiye. Bad infarágh zahar adwiyát tar mizāj ká istamál karáke áhistah áhistah ghizái mamúli par lawen. Sozish aur aur alámat mulhaqa ká mamúli ilāj karen, agar kisí ne vitriolic acid yane gandak ká tezáb kháyá hai to sirif pání aur jalí huí magnesia na den balki carbonate magnesia ká pání men milákar baḥhúbí piláwen. Agar hoshiyári bataur mazkúre balá amal men na áwen to medeh men átish paidá hogí. Agar kisí ne oxalic acid kháyá hai to bajáe magnesia ke khariyá mittí aur pání piláwen, chúná bahar-hál bihtar hai balki alkalies yá unke carbonates na dene cháhiyen.

Give lime in all its forms, but not alkalis or their carbonates. If prussic acid has been taken, use emetics or the stomach pump, try the cold effusion, and let the patient inhale the vapor of ammonia or chlorine freely, get ammonia or other stimulants into the stomach, and rouse the system in every possible way.

Tests.

Sulphuric acid is known by its great weight, evolving heat when mixed with water, by emitting no fumes. If barytes be added to it, a sulphate is formed which is insoluble in water or nitric acid.

Nitric acid emits orange colored fumes upon adding copper to it, and is changed blue by it; if potash be added, a nitrate is formed which deflagrates when thrown on burning coals. It tinges the skin yellow.

Hydrochloric acid emits pungent fumes; if nitrate of silver be added to it, a very white precipitate is formed of hydrochlorate of silver, soluble in ammonia, but not in nitric acid.

Oxalic acid, precipitates lime and all its salts from water, the precipitate being soluble in nitric, but not in excess of oxalic acid. Exposed to heat, it volatilizes, leaving but little residue; it is decomposed by sulphuric acid, becoming brown; it is dissolved by heat and nitric acid, and rendered yellow. Muriatic acid dissolves it with heat, and decomposes it.

Phosphoric acid, precipitates barytes and lime waters, the precipitate being soluble in nitric acid; it is decomposed by charcoal at a high temperature, evolving carbonic acid gas, and phosphorus being sublimed.

Fluoric acid exhales white vapors, not unlike those of muriatic acid; heat is evolved with a hissing noise when water is added to it; it dissolves glass.

Tartaric acid produces a precipitate from lime water, soluble in an excess of acid, and in nitric acid also; with potash it forms a neutral and super salt; it does not precipitate solution of silver, but its salts do.

Prussic acid smells like bitter almonds or peach leaves; it precipitates nitrate of silver white, which is insoluble in cold nitric

Agar prussic acid khá gayá hai to karáná qai aur istāmāl stomach-pump ká munásib hogá; sard pání ká tarerá aur sáns ke sáth khínchná bukhárat ammonia yá chlorine ká baqhúbí istāmāl karáwen. Ammonia yá aur sard qábiz mizáj kí adwiyah medeh men pahunchákar huttool wasá us hálát ko rafa karen.

Shanákhht.

Sulphuric acid wazní mashhúr hai, pání men miláyá huá garmí ko dúr kartá hai dálne se jis ke bháp nahín ughtí hai. Agar us men barytes miláwen to sulphate ban játá hai jo nahín gáltá pání yá nitric acid men.

Nitric acids se náranjī rang bháp paidá hotí hai, us men tāmba miláne se aur bhí nílá par játá hai, use agar potash ke sáth miláyá jáwe ek nitrate ban játá hai jis ko jab ki jalte hue coals par dál den to sauran jal jáwegá, usse chamrá rangá játá hai zard.

Hydrochloric acid se tez bháp paidá hotí hai; agar nitrate of silver men use miláwen ek niháyat sufed durd ban kar hydrochlorate of silver ban játá hai, ammonia men gal játá hai, magar nitric acid men nahín.

Oxalic acid baiṭh játá hai, misl chúna aur uske namak jo pání men baiṭh játe haiñ, lekin oxalic acid men nahín milte; garmí men rakhne se wuh ur játá hai, aur sirif qadre baqiyah chhor játá hai. Sulphuric acid se iláhdah ho játá hai, magar bhúre rang ká. Nitric acid garmí páne se ghul kar zard ho játá hai, muriatic acid use ghol detá hai garmí pahuncháne se, aur usko iláhdah kar detá hai.

Phosphoric acid baiṭh játá hai barytes aur chúne ke pání se, aur jo durd baiṭh játá hai wuh nitric acid men gal játá hai. Bahut roshan kiye hue koele kí garmí use iláhdah carbonic acid gás paidá kartá hai, aur phosphorus ur játá hai.

Fluoric acid men se abkharah sufed ughte haiñ mániñd muriatic acid ke, garmí phunkár ke sáth nikaltí hai us men pání miláne se. Usse káñch bhí gal játá hai.

Tartaric acid durd ho kar baiṭh játá hai chúne ke pání se, turshí ke pahunchte hí gal játá hai, aur tez nitric acid men potash ke sáth wuh ban játá hai, neutral aur super salt. Wuh solution of silver ko nahín biṭhá detá hai magar uske namak.

Prussic acid kí bú misl bú bádám talkh yá shaftáílú ke patton kí sí hotí hai, wuh biṭhá detá hai nitrate of silver ko barang sufed

acid, and when dried and heated, gives out cyanogen gas, which burns with a fine rose colored flame.

PREPARATIONS OF POTASH, SODA AND AMMONIA.

Symptoms.—The taste is acrid, urinous and caustic, great heat in the throat, nausea and vomiting of bloody matter, which changes syrup of violets to green, and effervesces with acids; if the carbonated form of the alkali has been taken, copious stools, acute pain in the stomach, colic, convulsions and death.

Treatment.—Vinegar and other vegetable acids to be given largely to neutralize the poison; then dilute freely with demulcents, and treat inflammatory symptoms in the usual manner. Almond or olive oil may be given freely, either of which would render vomiting easy, and would convert the alkali into soap.

Tests.

Alkalies have many properties in common: their solutions feel soapy to the touch, change vegetable reds and blues to green, and yellow to brown, remaining transparent when carbonic acid is added to them, which distinguishes them from solutions of the alkaline earths, barytes, strontian and lime. Nitrate of silver is precipitated by them in form of a dark colored oxyde, soluble in nitric acid. Potash and soda may be distinguished from each other, by evaporating their solutions to dryness; potash will become moist by absorbing water from the air, while soda will remain dry. Ammonia is known by its pungent smell, and precipitates the salts of copper, blue.

PREPARATIONS OF LIME AND BARYTES.

Symptoms.—Violent vomiting, convulsions, palsy of the limbs, distressing pains in the abdomen, hiccup, alteration of the countenance, and very early death when baryta or any of its combinations have been taken. Lime, from its sparing solubility, is less active, but has occasionally produced death.

Treatment.—If lime has been taken, vinegar and other vegetable

jo sard nítric acid men nahín galtá, aur jab ki khushk ko garm karen, to us men se cyanogen gas niklá kartá hai, jiskí lau jalne men gulábí rang ki malúm huá kartí hai.

MURATTABÁT POTASH, SAJJÍ AUR NAUSÁDAR KÁ.

Alámaten.—Záiqá karwá pesháb ká sá aur tez jalan bakasrat halaq men, málsh-i-dil, honá qai khún ámez ratúbat ká jisse ki shírah violets yane gul banafsha sabz ho játá hai, hamúziyát se josh khátá hai. Agar carbonated tarah ká alkálí kháyá hai, to dast bakasrat, dard shadíd, medeh qúlinj, tashannuj aur maut wáqa hotí hai.

Maáljah.—Sirká aur aur nabatátí hamuziyát bakhúbí piláwen ilahdah karne ko zahar, tab raqíq kar ke bakhúbí adwiyah tar mizáj ke istamál karen aur sozishí alámaton ká iláj mamúlí amal men láwen. Bádám yá raughan-i-zaitún bakhúbí khiláwen jin men se koí na koí baásání tamám qai kará detá, aur alkali ko mubaddil basábún kar detá.

Shanákhht.

Alkalies kí anwác alámaten mashhúr hain. Unke solutions chhúne men sábún ke se malúm hote hain. Tabaddul kar dete hain. Nabátát ko surkh, aur nilá sabz ko, aur zard bhúre ko, jabki carbonic acid un men miláyá jáwe to baqiyah shafáf malúm hotá hai jise ki tez solutions khárá mittiyon barytes, strontian, aur chúna men ho saktí hai. Nitrate of silver bithá detá hai unhen basúrat siyáh rang oxyde ke, magar nitric acid mengal játá hai. Potash aur sajjí men tamíz ho aktí hai ek dúsre se urá dete hue unke solutions ko khushk hone men. Kyunki potash hawá men se pání ko khínch letá hai, sajjí sirif khushk rah játí hai. Nausádar apní tezí-i-bú se malúm ho játá hai aur támbe ke namak ko nila kar detá hai.

MURATTABÁT CHÚNA AUR BARYTES.

Alámaten.—Qai bashiddat, tashannuj, maflúje-i-azá, dard-i-shi-kam, taklíf dahindah, hichkiyán, tabaddul chehrah hokar maut jaldí wáqa hotí hai jabki baryta yá koí aur chíz jis men ki uskí ámezish ho, kháyá hai. Qadregulá huá chúna tezí men kam hotá hai lekin usse bhí maut wáqa hotí hai.

Maáljah.—Agar chúna kháyá hai sirká aur aur nabátátí hamuzi-

acids are the best antidotes, with demulcents. If baryta in any of its forms has been swallowed, a weak solution of epsom or glauber's salts should be drank plentifully to produce vomiting, and at the same time to decompose the poison, which it renders inert, by forming an insoluble sulphate. Till the above salts can be obtained, large draughts of well water alone, or made sour by sulphuric acid, may be drank freely.

Tests.

Solution of lime changes vegetable blues to green, and is precipitated white by carbonic and oxalic acid, while no change is produced on it by sulphuric acid; its salts are decomposed by the fixed alkalies, which precipitate the lime, but not by ammonia. Pure baryta undergoes changes similar to lime when water is added to it, and acts like it on vegetable colors; it does not effervesce with acids. Sulphuric acid, and all the sulphates, added to a solution of it, produce a white precipitate, insoluble in water and nitric acid. Carbonate of baryta is insoluble in water, but dissolves in nitric or muriatic acid with effervescence. Muriate of baryta in solution is not changed by sulphuretted hydrogen or pure ammonia, but its carbonate as well as all other alkaline carbonates, throws down a white precipitate, which is carbonate of baryta.

PREPARATIONS OF NITRE.

Symptoms.—Cardialgia, nausea, painful vomiting, purging, convulsions, syncope, pulse feeble, extremities cold, with tearing pains of the stomach and bowels; difficult breathing, a kind of intoxication and death.

Treatment.—Similar to that of arsenic.

Tests.

If nitre be thrown on burning coals, it crackles, and gives a beautiful white flame; if powdered, and sulphuric acid be poured upon it, it gives out nitrous fumes; both these circumstances distinguish it from glauber's salts. It is decomposed at a high temperature, affording oxygen gas.

yát behtar zaharmohra haiñ, hamráh tar mizáj kí adwiyát ke. Agar kisí tarah ká barytá kháyá hai to ek halká solution epsom yá glauher's namak ká wáste qai karáne ke baḡhúbí piláweñ, usí waqt zahar iláhdah karne ko jis ko usne bhárí kar diyá hai aur qábil nikalne ke. Sulphate jab tak ki namak mazkúr dastyáb na hon sáf pání bakasrat sulphuric acid se tursh karke baḡhúbí piláweñ.

Shanáḡht.

Solution chúna ká tabaddul kar detá hai nabátát ko sabz aur baiṡh játá hai sufed. Carbonic aur oxalic acid kisí tarah tabdíli nahín qabúl kartá sulphuric acid se. Uske namak iláhdah ho játe haiñ mujassim alkalies jo baiṡhá dete haiñ chúne ko lekin ámmonia nahín. Sáf baryta bhí waisá hí tabaddul kar detá hai chúne ko us men pání miláne se, aur wuhí tásír kartá hai nabátátí rangon par. Hamuziyát se wuh nahín ubaltá hai. Sulphuric acid aur támám sulphates uske solution men miláe jáweñ to sufed durd biṡhlá dete haiñ nigalne ke qábil pání aur nitric acid men. Carbonate baryta ká pání men nahín galtá, lekin nitric yá muriatic acid men gal játá hai sáth ubálke. Muriate baryta ká ghulá huá nahín mubaddil hotá sulphuretted hydrogen yá sáf nausádar se, lekin uská carbonate misl tamám aur al'kaline carbonates ke ek sufed durd níche biṡhlá detá hai jo ki carbonate baryta ká hai.

MURATTABÁT SHORE KE.

Alámaten.—Cardialgia, jí matláná, dard ke sáth qai áná, dast járí, tashannuj, ḡhashí, zauf nabz, háth aur pair sard, mai tez dard medeh aur antariyon men, diqqat-i-tanaffus, ek tarah kí behoshí, aur maut wáqa hotí haiñ.

Maáljah.—Is ká iláj misl maálje sanḡhyá ḡhurdah ke karná cháhiye.

Shanáḡht.

Agar shore ko jalte hue coals par rakkheñ to us men se chaṡaḡh kar ek ḡhúbsúrat shola niklá kartá hai. Agar pís kar use gandhak ke tezáb men dálen to usse shore ká sá dhuán uṡhtá hai in donon alámaton se is men aur glauher's namak men tamíz hotí hai; garmí bahut pahunchne se wuh iláhdá ho játá hai mai oxygen gas ke.

MURIATE OF AMMONIA OR SAL AMMONIAC.

Symptoms.—Excessive vomiting, with convulsions and general stiffness of the muscles, great pain in the bowels, early alteration of the countenance, and death.

Treatment.—Vomiting to be rendered easy by large draughts of warm sugared water, and if not occasioned by the poison, should be excited by the finger. The consequent nervous symptoms to be calmed by anodynes and antispasmodics, and the inflammatory ones by the usual remedies.

Tests.

Muriate of ammonia is soon volatilized, if placed on hot coals; if rubbed with quicklime, it gives out the odour of harts-horn. A solution of it in water, is precipitated white, upon the addition of the nitrate of silver.

IODINE AND HYDRIODATE OF POTASH.

Symptoms.—A strong burning sensation, with constriction in the throat, nausea and bilious vomiting, heartburn, and slight salivation, pain in the eyeballs, and obscure vision, palpitation, are mor. and occasional paralysis.

Treatment.—Mucilaginous drinks should be taken frequently and large emollient clysters may be given. Give a cathartic of starch to decompose the iodine; add a little weak solution of chlorine, if the salts of iodine have been taken in excess.

Tests.

Iodine exists in scales of a grayish black color, and becomes a violet colored gas at about 120° ; it is sparingly dissolved by water, which tinges raw starch of a purple hue; it stains the skin brown, which soon vanishes; it destroys vegetable colors like dilute chlorine, and has nearly the same smell. Hydriodate of potash precipitates oxymuriate of mercury of a carmine red color, and acetate of lead of a fine yellow tint.

PHOSPHORUS.

Symptoms.—They are similar to those of concentrated acids, with a hot taste of garlic in the mouth. A grain or two has been known

MURATTABÁT NAMAK NAUSÁDAR YÁ SAL AMMONIAC.

Alámaten.—Mutawátir ána qai ká mai tashannuj ke aur amúman saḡhtí i ásáb ke bahut dard rodoḡ men, awwal tabaddul hyyat hokar ádmí mar játá hai.

Maáljah.—Qai baásáni karáwen garam sharbat bakasrat pilákar, aur agar shubah zahar ná ho to sirf unglí dál kar darde ásáb ko ba-adwiyah khwábáwar aur rafa dard se árám den, aur sozishí alámaton ko bataur mamúlí.

Shanáḡht.

Nausádar ká namak fauran garam coals par rakhne se ur játá hai, agar quick lime ke sáth malen to us men se bú hiran ke síng kí áti hai, usko agar pání men ghol kar nitrate of silver miláwen to wuh sufed durd ho kar baiṡh játá hai.

IODINE AUR HYDRIODATE POTASH KÁ.

Alámat.—Biddat małúm honá jalan ká mai suḡar jáne halaq ke, jí ká , aur pit ámez qai ká áná, dil ká jalná, aur khafíf munb ká dard áṅkh ke papoton men, aur dhundhlá dikhái dená, dil ká dharakná, phureriyán ání, aur gáhe máhe fálíj.

Maáljah.—Luábdár ashrubah bakasrat pilái jáwen aur bare mulay .a pichkaryán dí jáwen. Sard luábdár nishástá wáste iláhdá karre iodine ke dewen, agar salts iodine ká kháyá hai ek qadre khafíf solution chlorine ká istamál karen.

Shanáḡht.

Iodine ke sabzí siyáh máil chhilke se hote hain, aur ek sau bís darje garmí men ek gol banafsha ke rang ká gás ho játá hai, wuh mushkil se galtá hai pání men ki jisse kache nisháste ká rang nafarmání ho játá hai. Usse jild bhúrí ho játi hai magar wuh rang fauran játá rahtá hai. Wuh nabatáti rangaton ko bigár detá hai, misl dilute chlorine ke aur qarib qarib waisihí bú rakhtá hai. Hydriodate of potash bíṡhá detá hai raskafúr ko ek carmine yane mahawar surḡ rangat ká aur acetate of lead ko ek achche zard rang ká.

PHOSPHORUS.

Alámaten.—In kí bhí misl alámaten mujtameh hamúziyát ke hotí hain mai aise ek garam zaiqe ke ki goyá lahsan munb men

to occasion death.

Treatment.—No specific antidote is known; but vomiting should be excited by large draughts of water mixed with magnesia. Oil and fatty substances must be avoided, as they dissolve the phosphorus.

Tests.

If phosphorus, or the rejected contents of the stomach after it has been taken, be boiled in a retort, (having its beak under water) with a solution of caustic potash, phosphorated hydrogen gas is formed, which explodes with a green flame as soon as it reaches the surface of the water.

IRRITATING POISONS.

Such as colocynth, hellebore, scammony, meadow saffron, elaterium, savine, squills, gamboge, and euphorbium.

Symptoms.—The general effects of this class of poisons, are an acrid, pungent taste, with more or less bitterness; excessive heat; great dryness of the mouth and throat, with a sense of tightness in it; violent vomiting, and the efforts are continued, even after the stomach is emptied; purging, with great pain in the stomach and bowels; pulse strong, frequent and regular; breathing often quick and difficult; appearance of intoxication, the pupil of the eye frequently dilated; insensibility resembling death, the pulse now becomes slow, and loses its force, and death takes place. If applied externally, many of them produce violent inflammation of the skin with blisters or eruptions of pustules.

Treatment.—If vomiting has been occasioned by the poison, and the efforts are still continued, they may be rendered easy by large draughts of water or thin gruel; but if symptoms of insensibility have come on without vomiting, it ought immediately to be excited by the sulphate of zinc or some other active emetic, and after its operation, a strong purgative should be given. After as much as possible of the poison is got rid of, a very strong infusion of coffee, or vinegar diluted with water, may be given with advantage. Camphor mixed with æther may be taken frequently, and if insensibility be considerable, warmth, frictions, and blisters may be

chabáyá hai. Ek yá do grain iske mashhúr haiñ wáste márdálne ke.

Maqljah.—Maḡhsús zaharmohra is ká hanoz daryáft nahin hua, siraf magnesia miláyá huá pání men bakasrat pilá kar qai karáwen. Chúnki rogan aur charbíḡár chízon se phosphorus gal játá hai liházá un se parhez karáwen.

Shanāḡht.

Agar phosphorus yá muḡhrij mawád medeh ko lekar ek bhubhke men ki chonch uskí nál ki niche pání tak rahe hamráh ek ghole hue caustic potash ke josh karen to phosphorated hydrogen gús ban játá hai jis waqt ki wuh satah pání men pahunchtá hai ek sabz shole ke sáth urh játá hai.

IRRITATING SAMÚMIYÁT.

Misl hinzal, kuṡkí, sacmonia, záḡfrán, elaterium, sevine, janglí piyáj, usára rewand, aur euphorbium.

Alámaten.—Aksar tásírát is qism ke zahron kí yun hotí haiñ yane char chará tez mazá kam o besh talḡhí máyal, garmí mutwátir, ḡhushkí-i-dahan o halq mai maḡlúm hone subkiyat ke, qai bashiddat átí hai hattá ki medá ḡhálí hone ke baḡ bhí qai hí karne ká irádá jári rahtá hai. Dast áte rahtá haiñ mai dard medeh aur antariyon ke. Nabz tez aur baḡáidáh rahtí hai. Sáns jald aksar diqqat ke sáth átá hai, súrat madhoshí kí sí ho játí hai, patlí-i-chasm aksar faráḡh ho játí hai aisi hálat men nabz kí táqat záyal ho kar wuh sust parḡh játí hai aur maut á játí hai. Agar un men se koí badan par lag jáwe to sozish jild paidá kartí haiñ mai áblon aur phunsiyon ke.

Maqljah.—Agar babáús khánc zahar ke qai átí hon aur jí matláná rahe to pání aur pích bakasrat pilákar tiskín den. Agar alámat behoshi bilá qai ke numáyan hon to fauran sulphate of zinc yá kisí auradwíyah tez qaiáwar se qai karáwen, aur baḡ is amal ke ek tez julláb den; baḡ infarág-i-zahar hattul imkán ek tez ḡhisándáh qahwá yá sirká ṡapkáe hue pání ke sáth dewen to faidah baḡsheḡá. Káfúr hamráh æther ke aksar dewen, aur agar behoshí tasauwar ho to senken, málisheñ aur blister lagáwen; agur sozish yá koí aur ḡhatarnák baḡs láhaq howe to un ká iláj mamúlí karen.

employed. If inflammation or any other dangerous consequences ensue, they are to be treated in the usual manner.

Remember

That plants whose flowers have five stamens, one pistil, one petal, and whose fruit is of the berry kind, may at once be pronounced as poisonous. The umbelliferous plants which grow in water are mostly poisonous, and such as have the corolla purple and yellow may be suspected of being so.

NARCOTIC POISONS.

Such as belladonna, datura, nux vomica, digitalis, henbane, camphor, opium, cocculus indicus, and tobacco.

Symptoms.—If taken into the stomach, or applied to a wound, occasion stupor, numbness, heaviness in the head, a desire to vomit, slight at first, but afterwards unsupportable, a sort of intoxication, pupils of the eyes dilated, furious or lively delirium, sometimes pain, convulsions of different parts of the body, or palsy of the limbs. The pulse is variable, but at first generally strong and full, the breathing is quick, and there is a great anxiety and dejection, which, if not speedily relieved, soon ends in death. When nux vomica, or its active principle strychnia, has been taken in an overdose, it produces symptoms very similar to lockjaw, but which have a much more rapid progress than either idiopathic or traumatic tetanus, and require the immediate use of the stomach pump to save life. Iodine, chlorine, and bromine have lately been considered antidotes.

Treatment.—The stomach to be well evacuated by giving four or five grains of tartar emetic, or from ten to thirty grains of the sulphate of zinc, and repeating it every quarter of an hour, till the full effect is produced; this may be assisted by tickling the throat with a feather or the finger. Large and strong clysters of soap dissolved in water, or of salt and gruel, should be speedily administered, to clear the bowels, and assist in getting rid of the poison, and active purgatives may be given after the vomiting has ceased. When as much as possible of the poison has been expelled, the patient may drink alternately, a teacupful of strong infusion of coffee, and vinegar diluted with water. If the drowsiness, which

Yaddasht.

Ushjār ki jin ke phul pāñch stamens, ek pistil, ek petal, ke se hote hain, aur jin kā phal qism berry kā sā hai weh mashūr zahrīlī hain. Umbelliferous yañe chuttedar ushjār jo ki pānī meñ paidā hote hain nihāyat zahrīlī hain, aur maḥsūs jin kī ki rangat corolla, nafarmānī aur zard hote hain weh bhī waise hī shūmār kiye jāwē.

SAMÚMYÁT MANUSHSHAH.

Misl belladonna, dhatura, nux vomica, digitalis, henbane, kafūr, afyun, cocculus indicus, aur tambákú.

Alámateñ.—Inko khāne aur zaḥam par lagāne se maḥlūm honā behoshī, sun-i-jism, bhāripan sir kā, tawajjah basū í qai, subkiyat, ibtidā meñ bhāripan, anjām meñ ek qism ke madhoshī, puttli-i-chashm farākh. Ghazabnāk yā tez hizyān, bāze waqt fiard tashannuj, muḥtalif atrāf-i-badan meñ, yā maḥlūje-i-azā maḥlūm detī hain, nabz mutabaddil, lekin ibtidā meñ tez aur pur. Tanaffus-i-jald, baṛe udāsī, aur mughnumī. Agar in alámateñ ko fauran tiskīn na deñ to anjām bahalākat hogā, jab ki nax vomica yā uskā tez strychnia be andāz khūyā hai to us se alámateñ misl jābrah band ho jāne ke paidā hotī hain jo ki jald taraqqī pakar jāte hain mānind idiopathic yā traumatic tetanus ke se aur matlūb hotā hai fauran amal stomach pamp bachāne ko zīst. Iodine, chlorine aur bromine chand roz se inke zaharmohra bhī tasawwur kiye gae hain.

Maāljah.—Medā khālī karne ke wāste chār yā pāñch grain tartar emetic yā das se tīs grain tak sulphate of zinc mukarrar o sikarrar pao pao ghanṭe ke bād dewē, hatta ki unkā asar paidā ho. Is amal kī ianat ke wāste haḥq ko bazariāh par yā unglī ke gūd gūdāwē, baṛe aur tez picḥkāriyān sābun ghule hue pānī yā namak aur picḥ ke bawāste [safai-i-uma o bamadad faṛigh karāne zahar se dewē, aur bād infarāgh-i-amal qai ke, tez jallāb deñ. Wab ki hattul-imkān zahar nikal gayā hai tab marīz ko chāh kā piyālā bharā huā khisāndah qahwa aur sirkā ṭapṭayā huā hamrāh pānī ke pilāwē; agar kḥumārī joki bāze waqt ziyādah rahtī hai aur behoshī mai sakta to unkā ilāj yun aur guram ghusal se na karen balki kḥun

is sometimes extreme, and the insensibility bordering on apoplexy, be not remedied by these means, and by the tepid bath, blood may be taken from the jugular vein, blisters may be applied to the neck and legs, and the attention roused by every possible means. If the heat of the body declines, warmth and friction must be perseveringly used.

Vegetable acids are on no account to be given before the poison is expelled, and it is desirable that but little fluid of any kind be given, as it promotes the diffusion and absorption of the poison.

POISONOUS MUSHROOMS.

Symptoms.—Exhilaration of spirits, laughter, vertigo, heat and pain in the stomach and bowels, with vomiting and purging; thirst, convulsions, faintings, pulse small and frequent, delirium, dilated pupil, stupor, cold sweats, and death.

Treatment.—The stomach and bowels to be first cleared out by tartar emetic, followed by frequent doses of glauher's or epsom salts, and large stimulating clysters. After the poison is evacuated, æther may be administered, with small quantities of brandy and water; but if inflammatory symptoms ensue, they must be treated in the usual manner, instead of giving stimulants.

Test.

It is said that when you sprinkle a little salt on the spongy part of the mushroom, if it turns yellow it is poisonous, if black it is wholesome.

POISONOUS FISH.

Symptoms.—In an hour or two, or often in a much shorter time, after stale or poisonous fish has been eaten, a weight at the stomach is felt, with slight vertigo and headache, and a sense of heat about the head and eyes, with considerable thirst, often an eruption of the skin, called "urticaria," and in some cases, death.

Treatment.—An emetic should be speedily given, or in the absence of it, vomiting may be excited, by tickling the throat with a finger, and taking large draughts of warm water. After full vomiting, an active purgative should be given, to remove any of the noxious matter that may have found its way into the bowels.

habl-úl-waríd se lewen. Blister gardan aur tãngon par bándhen aur tawajjah har ek mumkinát taríq par malhúz rakkhen agar garmí jism kam ho jáwe to garam senk aur málísh tawátúr amal men láwen.

Nabatátí tezáb qabalaz nikal jáne zahar ke kisé hálát men bhí na den kyonki yih bát zarúr hai ki agar qadre bhí pání kisé tarah ká díyá jáwegá to intashár aur juzbeyat ko ziyádah karegá.

ZAHRÍLÍ KHUMBHÍ YÁ ZAMÍN KÁ PHUL.

Alámaten.—Inkisháf-i-azm, hansí, ghirní, garmí, aur dard medeh aur amá men hotá hai mai qai aur daston ke, tishnagí, tashannuj, ghashí malúm huá karte hain, nabz mumtalí tez hizyán farákh honá puttliyon ká, behoshí, sard pasíne ká áná jin se maut wáqá hotí hai.

Maáljah.—Medeh aur rodon ko awwal bazariyah tartar emetic bádhu aksar miqdáron glauber's yá epsom salts aur baṛe qábiḡ o muttharrik pichkáriyon se sáf karenṇ bád nikal jáne zahar ke æther hamrah qalíl miqdáron brandy aur pání ke dewen. Agar alámat sozish namudar hon to unká iláj bataur mamúlí bajác dene adwiyát muqawwí ke karenṇ.

Shanákhṭ.

Kahte hain ki qadre namak agar tar khumbhe par dáleṇ aur wuh zard ho jáwe to zahríli hai, agar siyáh ho jáwe to achhí hai.

ZAHRÍLÍ MACHHLÍ.

Alámaten.—Ek yá do ghante yá thorí hí der men bád azán bási yá zahríli machhlí kháne ke, giráne i medeh, khafíf ghirni, daurán-i-sir aur malúm honá garmí ká, sir aur ánkhoṇ men mai tishnagí-i-mufrit, aksar ukhar jáná jild ká jis ko urticaria kahte hain wáqá ho kar maut á jatí hai.

Maáljah.—Fauran emetic ke sáth qai karáwen, darsúrat na hone emetic ke garam pání bakasrat piláke aur halaq ko unglí se gudá kar qai karáwen. Bád azán baḡhúbí qai ke ek tez julláb ba-wáste'rafaḡ kharáb medeh ke ki jo rodon men daḡhil hogayá hai dewen. Sirká aur pání bád maáljât mazkúrain piláke amal men á chuká hai

Vinegar and water may be drank after the above remedies have operated, and the body may be sponged over with vinegar and water. Water made very sweet with sugar, to which æther may be added, may be drank freely as a corrective, and a very weak solution of alkali has been recommended to obviate the effects of the poison. If spasms ensue after evacuations, laudanum in large doses is necessary. If inflammation ensues, it is to be treated in the usual manner.

STINGS OF VENOMOUS INSECTS.

Symptoms.—In general the sting of these insects causes only a slight degree of swelling, but occasionally the symptoms are more violent, sickness and fever are produced by the intensity of the pain, leading occasionally even to death.

Treatment.—Hartshorn and oil may be rubbed on the affected part, and a piece of cloth, moistened in the same, or in salt and water, may be kept upon it, till the pain is removed. A few drops of hartshorn may be given in a little water, and a glass or two of wine or brandy and water may be taken. Immediate relief has been known by making a paste with ipecacuanha powder and water, and laying it on the part for some time. Should inflammation ensue, it is to be subdued in the usual manner.

CANTHARIDES AND THE TELINI FLY.

Symptoms.—Nauseous odour of the breath, acrid taste, burning heat in the throat, stomach and bowels; frequent vomiting, often bloody, with copious bloody stools, excruciating pain in the stomach, painful and obstinate priapism, with heat in the bladder, and strangury or retention of urine, frightful convulsions and death.

Treatment.—Vomiting to be excited by drinking sweet oil, sugar and water, milk, or linseed tea, very freely. Emollient clysters should be administered, and if symptoms of inflammation of the stomach, kidneys, or bladder should come on, they must be subdued promptly in the usual manner. Camphor dissolved in oil, may be rubbed over the abdomen, and on the thighs, and the warm bath should be given.

piláweṇ aur jism ko sirke aur pání se nam karen. Pání shakar se niháyat shirin kar ke us men æther miláke baḡhúbí piláyá jáwe jaisá ki musleh aur ek halke solution alkali kí bhí ijázat hai wáste rokne tásírá́t zahar ke. Agar daston ke bad maṛoṛá bhí ho to bare miqdáron men laudanum ká dená zarúr hai. Agar sozish paidá ho jáwe to iláj us ká mamúlí karen.

NESH ZAHRÍLE KIṚON KÁ.

Alámaten.—Amúman nesh in kiṛon ká siraf ek ḡhafíf si sujan paidá kartá hai, magar baḡe auqát alámat ziyádatar shadí́d hote haiṇ. Basabab shiddat dard ke kusal mánde tabiyat aur tap paidá hotí hai jisse baḡ auqát maut wáḡa hotí hai.

Maqljah.—Hiran ká síng aur tel muqám-i-nesh par lagáya jáwe, aur ek tukṛá kapṛe ká us men yá namak aur pání men tar karke ta rafa hone dard ke us muqám par rakkhá jáwe, ḡhand qatraḡ sháḡḡháhú ke qadre pání men dí jáweṇ, aur ek yá do glass sharáb ke yá brandy aur pání ke piláe jáweṇ; bará faidah maḡlúm huá hai ipecacuanha pise hue aur pání se poultice banákar muqám-i-nesh par kuch der rakhne se. Agar sozish wáḡa ho to dafiya us ká bataur mamúlí amal men áwe.

CANTHARIDES AUR TELINÍ MAKKHÍ.

Alámaten.—Makrúh bú dam ke sáth talkhí záiqá, jalan-i-halaq, medeh aur rodon ke, dambadam áná qai ká, aksar mai ḡhún ke sáth bare bare daston lahú ke, dard medeh pechish ke sáth, pur dard aur shadí́d istádgí mai garmí-i-masána ke, habas-ul-bol, haulnák shannuj, aur á jáná maut ká.

Maqljah.—Mítḡe tel shakkar aur pání, dúdh, alsí kí cháḡ piláne se bakasrat qai karáweṇ, mulayyan pichkáriyan istamál men láweṇ. Agar alámát sozish-i-medeh gurdah aur masánah kí pái jáweṇ, to dafiya unká bajaldí tamám bataur mamúlí karen, káfúr tel men hal karke peṭ aur ránon par maleṇ, aur garam pání men biṭháweṇ.

BITES OF POISONOUS SERPENTS.

Symptoms.—A sharp pain in the wounded part, which extends over the limb or body: great swelling, at first hard and pale, then reddish, livid, and gangrenous in appearance; fainting, vomiting, convulsions, and sometimes jaundice; pulse small, frequent and irregular; breathing difficult, cold sweats, the sight fails, and the intellectual faculties are deranged. Inflammation and often extensive suppuration and gangrene, followed by death.

Treatment.—A moderately tight ligature to be applied above the bite; next let the bitten part be removed with the knife, and the wound allowed to bleed, after being well washed with warm water. The actual cautery, caustic, or the butter of antimony may then be applied freely to it and afterwards covered with lint dipped in equal parts of olive oil and spirits of hartshorn. The ligature to be removed if the inflammation be very considerable. Warm diluting drinks, and small doses of ammonia or hartshorn to cause perspiration; the patient to be well covered in bed, and a little warm wine given occasionally. If gangrene be threatened, wine may be given more freely combined with quinine. Arsenic has been strongly recommended. The application of the cupping glass immediately after the bite, or sucking the wound, might be very serviceable.

Observe.

Poisonous snakes have tubular fangs, but only one row of teeth on each side of the upper jaw, while the innocent tribe have two.

TREATMENT OF DROWNED PERSONS.

Commence inflating the lungs immediately after the body is out of the water, and continue perseveringly as long as it retains any warmth, and while the limbs are flexible. Press back the larynx, close both nostrils, and blow forcibly your own breath into the lungs through the corner of a handkerchief, which you have laid over the mouth; as soon as you can procure a pair of bellows, close the mouth and one nostril, and blow through the other, still press-

KÁṬNĀ ZAHRIĒ SĀṆṢON KĀ.

Ālāmāṭeṇ.—Dard shadīd muqām zakhmon meṇ hotā hai, aur wuh tamām uzv ya jism meṇ jald phail jātā hai. Sūjan bakasrat ibtidā meṇ saḡht aur zard, badizān surkh aur nīlā, aur saṛan zāhīran ma-lūm detī hai, ḡhisyan, qai, tashannuj aur baṛ auqāt yarqān hotī hai. Nabz bārīk, mutharrik aur beqāidah ho jātī hai, tanaffus dushwār aur sard pasīna ātā hai, quwwat bāsīrah zāl ho jātī hai, aur hosh-o-hawās meṇ farq ā jātā hai, sozish aur aksar baifrāt ānā rīm kā, aur saṛan ho kar iske bad ādmī mar jātā hai.

Maqljah.—Jis jagah sāṅp ne kātā ho uske úpar ek band baṭidāl khēch kar bāndhā jāwe, aur bad izān wuh muqām chhurī se kāt diyā jāwe, aur badhū zakhm ko baḡhūbī garam pānī se dho kar us meṇ se khūn jāri rahne deṇ; bad iske dāḡh caustic, makkhan antimony kā us par lagāyā jāwe, aur bad izān lint roghan zaitūn aur muqattar sharāb hiran ke sīng ke hamwazan meṇ bhiḡokar us muqām par rakkheṇ. Agar sozish bahut ho to bandish ko mauqūf karen, ashrubah garam aur mukhtisir maṭādeṇ ammonia yā hiran kā sīng wāste pasīna lāne ke deweṇ, aur marīz ko bistar par achchhī tarah kapṛon se dhāṅkeṇ, aur kabhī kabhī thoṛī garam sharāb deṇ. Agar saṛan kā andesha ho to sharāb ko quinine meṇ milākar bakasrat pilāweṇ. Sankhiyā balki nihāyat munāsib tajwīz kiyā gayā hai, lagānā bharī huī singion kā bafaur kātne sāṅp ke yā chūsna zakhm kā bahut mufīd hogā.

Tahqīqāt.

Zahrīle sāṅpon ke dānt misl nalī ke hote haiṇ, magar sirf ek qatār úpar ke jabṛon meṇ, jo ki ḡharīb qaum sāṅpon ke har do jānīb hote haiṇ.

MAĀLJAH DÚBE HUE ASHKHĀSON KĀ.

Dam kā phūlnā phenṛe meṇ shurū ho jātā hai bad nikalne nash ke pānī se bāhar, aur tawātūr jāri rahtā hai kisī tarah kí garmī pahunchne tak aur azāe us ke qābil jumbish rahtī haiṇ. Larynx yaṇe kág ko piche ko dabā kar donon nathnon ko bhīnch kar apne sāns ko bazaur andar phenṛon ke ek rúmāl kā konā uske munh par rakh ke pahunchāweṇ. Jis qadar jald ho sake ek joṛā dhaunkniyon kā baham pahunchākar munh aur ek taraf ke nathne ko bhīnchkar

ing back the larynx or wind-pipe. Having distended the lungs fully, press on the chest, so as to empty the lungs; do this alternately, imitating natural respiration. Remove the neckcloth, *cut off* the wet clothes, rub the body dry, apply dry heat in every possible way, such as hot sand or bricks, bottles of boiling water, &c., as soon as you can get the body into a house, carrying it on a door or plank of wood, with the head raised. If the glottis be spasmodically closed, you must use the tracheal tube to inflate it, and if oxygen gas could be procured, it would be more efficient. Stimulants may be got into the stomach, by means of a flexible tube, till the person can swallow. Clysters of mustard with salt or brandy and water may be thrown up. Bleeding cautiously might relieve the congestion on the right side of the heart. Electricity might be tried, passing gentle shocks through the heart, the body being insulated, by placing it on a shutter or door, supported by quart bottles, perfectly dry on the outside. Frictions are of doubtful efficacy, if they urge venous blood on to the heart, which is already oppressed. Tracheotomy may be performed, if other means fail in distending the lungs. Tobacco in any form is very injurious.

TREATMENT OF PERSONS SUFFOCATED BY CARBONIC ACID GAS, HYDROGEN OR NITROGEN GAS, EXHALATIONS FROM PRIVIES, &c.

If the body retains its heat, expose it to the air, and dash cold water over the head, neck and breasts. The lungs should be inflated, the nostrils stimulated, and if the veins of the neck appear full, some blood may be removed from them. If the temperature of the body be below the natural standard, heat must be applied instead of cold. Frictions may also be useful.

TREATMENT OF STILL-BORN CHILDREN.

The lungs must be perseveringly inflated by means of a quill, or a small female catheter; the heat kept up by the application of warm flannels, or immersion in warm water. Stimulants may be applied to the nose and pit of the stomach, and gentle friction

dústre men se phúnken, magar kág yá sáns ánewálí nalí ko pichhe ko hatákar. Phenpre ko tamám o kamál phulákar bawáste khalí karne phenpron ke chhátí ko dabáwen. Yih amal mukarrar o sikar-rar wáste andar jane aslí sáns ke karen. Guluband khol dálen, tar kapre kátdálen, khusk badan ko malen. Khusk chízen garam kí huí misl garm ret, yá ínten aur botlen joshindah pání waghairah ke se jis waqt ke násh ko ghar men le jáwen usí waqt badan par lagáwen. Usko kisé kowar yá lakrí ke takhte par sir únchá karke le jáwen. Agar glottis akráhat se band ho jáwe to tum ko lázim hai ki tracheal nalkhare se us ko phúnken. Aur jo oxygen gas mayassir áwe to khub mufid hai. Mutharrik chízen bazariyah lachak-dár nalí ke medch men pahuncháwen jab tak ki ádmi nigal sake, pichkariyan ráí kí hamrah-i-namak yá brandy aur pání ke dení cháhiyen. Fasd bahoshyári karen jis se ki itráfi-dhni taraf dil ko árám pahunche. Electricity ká bhí imtá-hán bazariyah khalíf sadmen pahuncháne se dil ko karen, jism ko árasteh karke yane ek kíwár par rakh ke botlen ká sahára dekar beruní badan ko khub khusk kar den. Málishon men shubah hai tásir karne ká, agarchi we tahrík detí hain ragon ke khún ko dilke jo ki abhí thahar gayá hai. Tracheotomy amal karen agar kisé aur taur se ná phuln. Tambákú bahar noa muzir hai.

MAÁLJAH UN SHAKHSON KÁ JIN KÁ KI DAM RUK GAYÁ HAI CARBONIC ACID GAS, HYDROGEN YÁ NITROGEN GAS, EXHALATIONS PAKHÁNE WAGHAIRAH SE.

Agar jism men kisé un chizon men ki garmí hai to hawá men rakkhen aur thande pání ke tapere sir aur sínah par den. Phenpre phule hús hon, nathne jarí hon, aur agar ragen gardan kí pur má-lúm hon to qadre khún un men se lewen. Agarchi garmí i jism bamujib itadal mizáj ke kam ho to bajaí sardí ke garmí lagáwen. Málishen bhí mufid hongí.

MAÁLJAH SISAKTE BACHCHE PAIDÁ HONE KÁ.

Lázim hai ki phenpron ko mutwátir phuláwen bazariyah par yá chhote zanáne cathéter se, bazariyah garam pañon yá garam pání men ghothe lagáne se garm rakkhen. Mutharrik chízen nák aur qar medeh par lagái jáwen, aur khalíf málishen bhí karen, yih iláj páñch yá

should be used. These remedies should be continued for five or six hours.

TREATMENT OF PERSONS STRUCK BY LIGHTNING.

Inflate the lungs as soon as possible, apply stimulants, more particularly *gentle* electrical shocks passed through the chest and along the spine; keep up the temperature of the body by external heat, and get warm cordials into the stomach, by means of the stomach-pump.

TREATMENT OF PERSONS WHO HAVE BEEN EXPOSED TO INTENSE COLD.

First use gentle friction with snow or ice water, or if these cannot be procured, the cold bath may be used, and whilst the person remains in it, small quantities of warm water must be added very slowly, so as to increase the heat gradually. The lungs are to be inflated. Warm wine, or any other warm fluid to be given, very cautiously at first, and solid food must not be given for many hours after recovery.

TREATMENT OF PERSONS HANGED.

Remove the ligature as soon as possible, and act as if it was a drowned person, with the exception in this case of opening the jugular vein, and removing if possible six or eight ounces of blood. Death is caused rather by suffocation than by apoplexy; therefore, the lungs should be supplied with air without delay.

TREATMENT OF PERSONS LABOURING UNDER THE EFFECTS OF LARGE QUANTITIES OF ALCOHOL, BRANDY, WINES, AND ALL SPIRITUOUS LIQUORS.

Symptoms.—Intoxication, and when taken too freely, complete insensibility, with apoplexy or paralysis of one side: the countenance is swollen, and of a dark red colour; the breathing is difficult, and often stertorous, with a peculiar puffing out of the lips; the breath smells of liquor, which will distinguish the symptoms from those of spontaneous apoplexy. If the pupils of the eyes are dilated and fixed, recovery seldom takes place,

chhah ghanṭe tak jāri rakkhen.

MAĀLJAH BIJLÍ ZADAH KÁ.

Phenpron ko phunṭná chāhiye aisá jaldi jaisá ki mumkin ; muthar-rik chízen lagání chāhiyen, maḵsús ḵhafíf electrical sadma guzárne chāhiyen chhátí aur darbáb sulb ke, garmí jism kí bachání chāhiye bazariāh beruní garmí ke, aur garam mufarraḥ-ul-qalb chízen ba-wasíle stomach-pump ke medeh men pahuncháwen.

MAĀLJAH SURDÍ ZADEH KÁ.

Ibtidá men baraf yá baraf ke pání se málsh karen ; agar yih báham ná pahunche to sard pání men biṭháwen. Asnāe is amal ke qadre, qadre garam pání bawáste ziyádah karne garmí ke áhiste áhiste miláte rahen, phenpron ko phuláte rahen. Garam sharáb yá koí aur garam raqíq chíz bhí dete rahen bahuṭ ḵhabardáre se ibtidá men, aur saḵht ḡhizá achche hone ke baḍ kitneḥí ḡhanṭon ke na den.

MAĀLJAH PHÁNSÍ YÁFTAH KÁ.

Bandish ko fauran dúr karke wuhí amal kám men láwen jaisá ki dúbe hue ádmí ká ; maḵsús is hálal men habl-ul-waríd kholkar chhah yá áṭh ounce ḵhún lewen, maut láhaq hotí hai ziyádahtar dam ḡhuṭne se, banisbat sakta kí liházá phenpron ke bilá támul hawá pahuncháwen.

MAĀLJAH MARÍZÁN MOASSARAI BEANDÁZ ALKO-

HOL, BRANDY, SHARÁBEN, AUR TAMÁM

MUQATTRAT SHARÁBON KE.

Alámaten.—Madhoshí hotí hai aur jab ki bakasrat piye hain bilkul behoshí ho játí hai mai sakteh yá fálij kisé ek itráf ke. Chehrah suj játá hai aur siyáḥí chhá játí hai. Diqqat-i-tanaffus aur aksar stertorous yanekḥarkhara sáth ek maḵsús bhambhráhaṭ honṭon ke. Sāns men se sharáb ki si bu áti hai jise ki tamíz ḵhudrau paidá hone sakteh kí hogí. Agar putlí-i-chashm faráḡh aur baiṭh jáwen to shafá páná sház hai.

Treatment.—A powerful emetic of sulphate of zinc or tartar emetic should be got into the stomach as soon as possible, and if the person has lost the power of swallowing, a flexible catheter or tube, should be the means of conveying it there. The vomiting should be encouraged as much as possible with warm water; and large active clysters of salt and water should be thrown up. The patient should be placed erect, and if the countenance and other appearances are not improved after these means have been used, the jugular vein may be opened, and cold wet clothes applied to the head, particularly if the body is hotter than natural. If the extremities become cold, warmth and friction should be perseveringly used.

Maáljah.—Ek tez qai sulphate of zinc yá tartar emetic fauran medeh men pahunchákar karáwen, aur agar táqat nigalne kí na ho to bazariáh lachakdár cathíter yá nalí ke wahán tak pahuncháwen. Bawáste iánat qai ke garam pání jittá ki ho sake piláwen, aur bare tez namak aur pání ki pichkáriyán den. Maríz ko sídhá biñháwen, aur agar chehre par in amalíyát se dalálat behtarí kí ná daryáft ho to fásd habl-ul-waríd kí len aur sard pání men tar kiyá huá kaprá sir par lagáwen maḡhsús us hálát men ki garmí-i-jism ziyádah hai nisbat asal ke. Agar dast o pá sard ho gae hain to senk aur málísh ká istamál karen.

PART V.
ON
DOMESTIC SURGERY.

B A' B P A N J A M.

DAR BA'B NASARJARI', YA'NE JARRA'HI' KE.

PART V.
ON
DOMESTIC SURGERY.

Question.—How is blood-letting generally effected ?

Answer.—Either by leeches, cupping or the lancet.

Q.—Which method on the whole has the advantage ?

A.—Cupping, because a certain quantity of blood can be obtained very quickly, and without exhausting the patient, and from any particular part whence it is desirable to be drawn.

Q.—When leeches come off, how is the bleeding to be encouraged ?

A.—By first sponging off any clotted blood there may be, and then covering the part with a warm bread and water poultice, which is to be changed every half hour, so long as you wish the blood to flow.

Q.—If a leech-bite should bleed for many hours, and the usual remedies fail in stopping it, what should you do ?

A.—Thrust a moderate size, thin needle into the skin, on one side of the bite, and bring its point out well on the other side; a piece of strong silk or thread is then to be tied or wound round it beneath the two ends of the needle; this generally stops the bleeding. After three or four days the thread may be cut, and the needle very carefully removed.

Q.—Should this however not stop the bleeding what should you then do ?

A.—Thrust into the bottom of the wound a bit of thin iron wire heated white hot, which has seldom been known to fail to stop the bleeding.

Q.—If the usual cupping instruments are not at hand what substitute would answer ?

A.—A small tumbler or tea-cup, a bit of lighted tow or paper, and a sharp razor or pen-knife ?

Q.—How is the operation to be performed ?

B Á B P A N J A M.

DAR BA'B NASARJARI, YAÑE JARRAHI KE.



Sawál.—Aksar khún kistaur se nikálte hai?

Jawáb.—Jonkon se, yá síngí lagáñen se, yá nashtar lagáne se.

S.—Sab men kaunsi tarkíb mufíd hai?

J.—Singí mufíd hai, isliye ki jis qadar khún nikálná matlúb hois ki zariyai se jald nikal saktá hai, aur istaur se khún nikálne se bímár kamzor bhí nahín ho játá hai, aur jis muqám se khún nikálná manzúr hai wahín se nikal saktá hai.

S.—Jab jonken gir parēñ to ijrāe khún kistaur se járí rakkha jáwe.

J.—Awal jo jama huá khún ho us ko sponge se sáf kare, bádhú garam poultice rotí aur pání ke banákar usí muqám par bándh dewe, aur jab tak nikálná khún ká matlúb ho us waqt ádh ádh ghanṭe men us poultice ko badaltá rahe.

S.—Agar jonk ki ḍank se bahut arse tak khún járí rahe, aur mamúlí tadbíron se wuh khún band na howe to kyá iláj kare?

J.—Jonk ki ḍank lagne ke muqám ki ek taraf se jild men ek miyání bárík súí ghusá de, aur dúsrí taraf so uská sirá nikále, us waqt mazbút resham, yá ḍore súí ke donoñ sire ki niche se bandhe yá lapete, aksar is tadbír se khún ruk játá hai, bad tīn char roz ke wuh ḍorá kát diyá jáwe, aur súí baihtiyát nikálí jáwe.

S.—Agar is tadbír se bhí khún na thambbe to kyá tajwíz amal men áwe?

J.—Zakhām ki niche ek bárík tár lohe ká is qadar garam kar ke ki wuh sufed ho jáwe wuh tár us men ghusá diyá jáwe, yih tadbír bahut kam khún ki rokneñ men kásir hotí hai.

S.—Agar síngí lagáne ki mamúlí álát maujúd na howeñ to us ki jagah kyá tadbír, aur kis chíz se kám líyá jáwe?

J.—Ek chhotá sá ábkhora yá piyálah cháh ká aur ek tukrá jalte hue san yá kágaz ká, aur ek tez ustarah yá kalam tarásh.

S.—In chízon se kyunkar khún nikálá jáwe.

A.—The lighted tow or paper is to be placed in the tumbler or tea-cup, and when warm, and the air rarified, it is to be turned down on the skin; when the skin so covered becomes red or purple from the congested blood, the cup must be taken off, and the skin scarified with the razor or knife, after which the cup or tumbler is to be put on again as at first and renewed according to the quantity of blood required.

Q.—Where is bleeding with a lancet commonly performed?

A.—At the bend of the elbow, and sometimes, though very seldom, on the top of the foot.

Q.—Is there any danger to an unpractised person in bleeding at the elbow?

A.—Yes, very great danger of wounding an artery at the time of opening the vein.

Q.—How do the veins of the arm generally run?

A.—Along the arm, and upon its outside, runs a large vein from the root of the thumb up to the shoulder; and on its inner side another of equal size from the little finger into the arm above the elbow. A third vein of nearly equal size makes its appearance at the top of the forearm, just below the elbow, and very soon divides into a fork, one branch of which turns to the inner vein, and the other into the outer vein just above the bend of the joint.

Q.—Which is the proper vein to be opened?

A.—The outer branch of the middle vein.

Q.—Before opening this vein, what should you always do?

A.—Put the point of my finger on it and ascertain if there should be an artery under it, which may be known by its pulsation; should there be an artery there, and no other vein visible, I must then open it with the greatest caution.

Q.—Why should you not bleed in the inner branch of the middle vein?

A.—Because the great artery of the arm runs close behind it generally.

Q.—How would you proceed to open a vein at the bend of the arm?

J.—Jaltá huá san yá kágaz us ábkhoraḥ yá piyálah cháḥ men rakhe, jis waqt wuh bartan garam ho jáwe aur us ke andar kí hawá latíf ho jáwe us waqt us bartan ko jism par ulaṭ de, jis waqt kí us ke andar kí khál surkh yá argawání basabab congested blood yaṇe munjamid hone khún ki ho jáwe us waqt wuh bartan utár liyá jáwe aur us tarah yá qalam tarásh se khál men shigáf diyá jáwe, bád us ke piyálah yá ábkhoraḥ badastúr sábiq phir ḍhānp diyá jáwe, aur isí tarah mutwátir kartá rahe, jab kí khún bamiqdár matlubah nikal jáwe.

S.—Kis muqám par khún bazariāḥ nashtar nikálte haiṇ.

J.—Kohne ke kham par se, aur panjah ke pañw ke upar se agar-chi yahān ká khún bahut kam nikálá játá hai.

S.—Agar koí fasd lene men muhárat na rakhtá ho wuh shaḥs kohní par fasd lewe to kuch jáe andeshá to nahīn hai?

J.—Albattah bahut andeshá hai kí shayad barwaqtlagāne nashtar ke rag par kahīn shiryan par zaḥham na ho jáwe.

S.—Ragen kis tarah se wáqa haiṇ?

J.—Bāṇh ke upar se niche tak aur bāḥir kí taraf bāṇh ke ek baṛí rag anguṭhe kí jaṛ se kandhe tak hai, aur bāṇh ke andar kí taraf ek aur rag usí qadar baṛí angúsht khinsar se kohní tak hai, aur ek tísrí rag tákhmīnan usí qadar baṛe aur agle háth ke upar kohní ke niche hí namúdar hai, aur wahān se age uskí do sháḥ ho gain haiṇ, ek sháḥ to andar kí rag kí taraf aur dúsrí basimt bāḥir kí rag ke upar us muqám ke, kí jahān ká joṛ wáqa hai.

S.—Kaunsí rag ká kholná wájib hai?

J.—Bích kí rag ke bahar kí sháḥ ko kholá jáwe.

S.—Qabal az kholne is rag ke kyá kíyá jáwe?

J.—Apní unglí ke sire ko us rag par rakkhe aur daryáft kare kí us ke niche koí shiryán bhí hai, honá shiryán ká bazariāḥ harkat us shiryán ke tamíz ho saktá hai, agar wahān shiryán maujúd ho aur koí dúsrí rag wahān zāḥir howe, us súrat men baahtiyát tamám us rag men fasd li jáwe.

S.—Bích kí rag ke andar kí sháḥ men fasd kyun nahīn kholte?

J.—Is liye kí bāṇh kí baṛí shiryán bāṇh men upar se niche tak aksar píchhe us rag ke wáqa hotí hai.

S.—Jis muqám par kí bāṇh men kham waqa hai, wahān kí fasd kyunkar kholí jáwe?

A.—I should take a piece of broad tape or ribbon, and turn it twice round the arm, a hand's breadth above the elbow, and tie its ends in a bow knot, so that I might easily loosen it.

Q.—What is the object of thus binding the arm ?

A.—To prevent the return of the blood, and make the veins swell, and jut well up.

Q.—Having applied the bandage, what else would you do ?

A.—I should take hold of the forearm, and apply the palm of my left hand and fingers just below the elbow, and pass my thumb over the outside, so that its tip might lie upon the vein to be opened, and by slightly pressing prevent its rolling. I should then hold the lancet between the thumb and forefinger of the right hand, turning its scales or covering forwards, to be out of the way. My other three fingers of the right hand are then to be gathered together, and rested on or near the left thumb, so as to form a rest for the forefinger and thumb holding the lancet, the point of which being brought down to the skin, is made to pierce it and the vein together, with a swinging motion upwards, upon which the blood would immediately flow out.

Q.—When the required quantity of blood is taken, what would you do ?

A.—Untie the tape, cleanse the wound with a sponge of any blood, and fasten a pad of folded cloth three or four times doubled over it with a bandage in shape of a figure of 8, taking care not to tie it too fast.

Q.—What objection is there to fastening the bandage very tight ?

A.—The blood could not pass through the unwounded veins which would swell, and the blood would then burst open the vein that had been closed.

Q.—If you wanted to open a vein in the foot, how would you proceed ?

A.—I should tie a garter tightly round the leg, immediately below the knee, and when the veins had swollen I should open the largest of them on the top of the foot, making the incision lengthways.

Q.—When you had taken sufficient blood from your patient, how would you stop the bleeding ?

J.—Ek ṭukṛá chaure niwáár yá fíte ká lekar bāñh meñ aurek háth ke fásle par upar kí taraf niche ko do pher dekar bāndhá jáwe, aur us ke donon sire par ek girah bonot yane derh girah lagáí jáwe táki baásání dhíli ho sake.

S.—Is tarah bāñh ke bāndhne se kyá fáidah hai?

J.—Táki khún ulaṭ kar na jáwe, aur rag phul na jáwe, aur khún achchhí tarah se nikle.

S.—Bad bāndhne is band ke phir kyá kíyá jáwe?

J.—Agle háth ko pakarle aur báen háth kí hathelí aur ungaliyāñ niche kohní ke lagá de, aur angúṭhe se báhar kí taraf dabáwe, is taur se ki uská sirá us rag par wáqa howe ki jis ká kholná manzúr hai aur zará us ko dabá de ki us muqám par se dhalak na jáwe, us waqt dahne háth meñ darmiyāñ angúṭhe aur angusht shabbábe se nashtar ko pakre aur us kí donon dhakne ko donon taraf se khol de aur báqí tīn ungaliyāñ dahne háth kí jama karke úpar yá nazdík báen háth ke angúṭhe ke lagáí jáweñ, yá ki angusht shabbábe aur angúṭhe ke wáste ki us meñ nashtar hotá hai sahárá ho jáwe aur us nashtar kí nok pás post ke lákar us post aur rag ko ek hí dafah shigáf diyá jáwe aur upar kí taraf us nashtar ko harkat dekar nikále, táki khún jald nikalne lage.

S.—Jab ki khún bamiqdár matlúbab nikal áwe us waqt kyá kíyá jáwe?

J.—Us fíte ko khol dále aur sponge se khún jo lagá ho sáf kare aurek gaddí meñ char tah kapre kí kar ke ek patṭí se bashakl hindse angrezí áth ke us jagah par bāndhe, magar ihtiyat rakkhe ki bahut khinch kar na bandhe.

S.—Us patṭí ko zor se bāndhne meñ kyá haraj hai?

J.—Táki khún unhiñ ragon meñ na utr jáwe jin ko shigáf nahin diyá gayá, wuh ragen phul jáwengí aur is sabab se khún us rag ko jo band kí gai hai phir pháṛ degá.

S.—Agar kholná fasd ká pañw meñ markúz ho to kyá kíyá jáwe?

J.—Rán ke niche ek patṭí khinch kar táng meñ bāndhí jáwe, aur jab ragen phul jáweñ to us waqt sab se barí rag jo pañw ke upar ho us meñ nashtar lagáyá jáwe magar shigáf lambáí meñ diyá jáwe.

S.—Jab kí bímár ká khún hasb miqdár zarúrí nikal jáwe us waqt khún ki tarah band kíyá jáwe?

A.—I should take the garter off, let my patient lie down at full length, and close the wound with a pad of lint and a strip of sticking plaster.

HOW TO PUT ON A ROLLER OR BANDAGE.

Question.—How would you roll a leg ?

Answer.—I would take a single headed roller in my right hand holding its circumference between my thumb and fingers, and lay its loose end on the top of the foot at the root of the toes, and fix it there with the thumb of the left hand, whilst the roller itself is carried beneath the sole and round the foot, and twice or thrice round in the same place till it gets a hold on the foot. The roller is then to be turned round and round the foot towards the heel, each turn half covering the former one, and as the roller passes beneath the foot, I take it from the right to the left hand, and then as it passes over the foot, from the left to the right hand again. Having arrived at the instep, I now carry the roller round the ankle, make it descend to the opposite side of the foot from which it had been brought, pass it beneath the sole, and then carry it round the ankle again. The roller is then to be turned round the leg, each turn half covering the former, and delivered from hand to hand alternately, from within to without, or from without to within, according to which leg I may be rolling. This is to be continued till I reach the calf of the leg, when the bandage must be reversed to make it lay flat.

HOW TO ROLL THE THIGH.

This is merely continuing to roll spirally from above the knee to the groins, having reached which the two or three last turns must be tacked together, and then a turn or two made round the hips, and these tacked to the roller on the thigh, so as to prevent it slipping down.

HOW TO ROLL THE FORE-ARM ALONE, OR THE UPPER ARM ALSO.

It is generally only begun at the wrist, and rolled upwards, but if the fingers and hand become puffy and uneasy, as they some-

J.—Us patṭī ko khol dīyá jáwe, aur bīmār ko pānw phailáke liṭá dīyá jáwe, aur zaḡham ko bazariāh ek gaddī lint kapre kí aur ek pháah marham sticking plaster kí bāndh dīyá jáwé.

TARKÍB BÁNDHNE ROLLER YÁ PATṬÍ KÍ.

S.—Tāng par kis tarah roller bāndhen ?

J.—Ek roller ki jis ká ek sirah khulá ho dáhne háth men pakre aur us ke guláí ko angúṭhe aur unglíyon ke bích ṭhámbe aur uská khulá huá sirá pānw ke úpar ungúṭhe kí jaṛ men lagá de us waqt us ko bín háth ke ungúṭhe se us maqám par saháre, aur us roller ko talwe ke niche aur pānw ke gird le jáwe aur usí tarah do tín lapet usí jagah men dewe jab tak ki pānw wuh roller ḡhub mazbút pakar le baḍ uske us roller ko airí kí taraf se pānw par kaí lapet dekar bāndhe, is tarah ki har lapet men pahlá lapet ádhá dabṭá jáwe, aur jab kí roller pānw ke niche se guzre us ko dáhní taraf se báín taraf le jáwe, aur jab ki pānw ke úpar ko áwe us waqt báín se dáhní taraf ko phir pahuncháwé, us roller ko pushtqadam par pahunchákar takhnen ke gird le jáwe aur pānw ke sámnne kí taraf se utáre, jahán se ki us ko pahle nikálá thá, baḍhú talwe ke niche se nikál kar phir ṭakne par lapete, baḍ us ke us roller ko tāng ke gird lapete is tarah ki har lapet men pahlá lapet ádhá dab jáwe, aur ek háth se dūsre háth men bári bári andar kí taraf se báhar kí taraf yá báhar kí taraf se andar kí taraf mutábíq mauḡā tāng ke, ki jis par roller bāndhá jáwe us ko chhortá rahe, aur isí tarah lapettá rahe, jab ki tāng kí pindlí tak pahunche, wahán se us patṭí ko ulaṭkar us ko barábar milákar bāndh dewe.

TARKÍB BÁNDHNE ROLLER KÍ JÁNG MEN.

Siraf pech dar pech ghuṭne ke úpar se us roller ko groin yáne jangáse tak bāndhtá chalá jáwe, aur jab wahán pahunche do tín lapet pichhle tánk dewe, aur ek do lapet kúleh par bāndhe, aur un ko roller ke sáth jáng men tánk dewe táki wuh niche ko ná phisil jáwe.

TARKÍB ROLL BÁNDHNE KÍ UNGLÍ PAR YÁ ÚPAR KÍ BĀNH PAR.

Bandish is kí aksar háth kí kaláí se shurú hokar úpar ko chale hai, magar jo unglíyán aur háth phúl jáwen aur dard hone lage ki

times do, it will be necessary to roll each finger separately with a narrow bandage, and then roll the hand itself to the wrist, after which the arm must be rolled as directed.

HOW TO ROLL THE BELLY OR CHEST.

A flannel bandage is generally used, about two hands breadth, and six yards long. The roller is put on spirally up and down till it be exhausted. It is best to tack it through the first two or three rolls before proceeding further, otherwise the bandage soon gets loose.

Question.—What form of bandage would you employ to keep a poultice on in cases of fistula, or a sore in the groin?

Answer.—A bandage formed in the shape of the letter T

Q.—How would you apply it?

A.—That part of the bandage answering to the head of the letter forms a belt, which ties round the belly immediately above the hips, and should be made of linen a hand's breadth wide. The stem of the letter is formed by a piece of linen double the width of the former, and sewn by one end to its middle, so that it lies against the loins. This piece should be of sufficient length, that it may be brought forwards, and upwards, between the legs, to the front of the belt, over which its loose end is to be turned, and being split a little way down, the two loose ends thus made may be brought forwards and tied, or it may be sewn to the belt without splitting. If with this bandage a poultice has to be confined on the groin, the tail piece must be inclined to that side, and fastened to the belt as may be necessary.

THE MANY-TAILED BANDAGE.

Question.—Describe the composition of a many-tailed bandage and its use?

Answer.—This bandage is made of linen, and consists of one long band of roller, width three inches, across which transverse pieces of the same width, but of sufficient length for their ends to overlap each other after surrounding the limb, are laid, one-half covering the other, and, thus placed, are sewn at their middle, to

bāze auqāt aisā ittafāq hotā hai us sūrat men har ek unglī men judī judī kamchaurī patṭī bāndhī jāwe aur bādhū hāth par kalāī tak roll bāndhā jāwe aur niche se bāñh par hasb hidāet mazkūreh bālā roll bāndhā jāwe.

TARKĪB PEṬ YĀ CHHĀTĪ PAR ROLL BĀNDHNE KĪ.

Is kām men flannel kī patṭī do hāth chaurī aur chhah gaz lambī aksar kām ātī hai, roller ko úpar aur niche pech dar pech bāndhte hain. Jab tak kī sārā lipaṭ jāwe munāsib yih hai kī do yā tīn lapet dekar us ko tānk dyā jāwe, warna wuh bandish jald dhīlī ho jātī hai.

S.—Kis sūrat kī patṭī wāste lagāne poultice ke nāsūr yā zakhm jāng par bakār āmad hotī hai?

J.—Patṭī bashakl angrezī harūf barī tī ke (T) hotī hai?

S.—Yih patṭī kyunkar bāndhī jāwe ?

J.—Wah hissā patṭī kā kī jo bashakl úpar ke hisse us haraf ke hai, wah bataur patṭī lapetā chāhiye, us ko gird peṭ ke úpar kúlāh ke bāndhte hain. chāhiye kī wuh patṭī linen kapre kī hāth bhar chaurī banāi jāwe, aur patṭī kī bajāe niche kī shāñh us haraf ke hotī hai wuh linen kapre kī do hāth chaurī banāi jāwe aur ek sirā uskā bīch men us patṭī ke sí diyā jāwe tākī wuh kamar ke úpar parā rāhe, yin tukrā tūl men is qadar mukhtafī ho kī áge aur úpar tāngon ke bīch men se us patṭī ke sāmne tak pahunche, wahān us kā dusrā sirā jo khulā ho lapetā jāwe, aur zarā us ko phar kar donon sire kī ilāhdah ho jāwenge; áge konikālkār bāndh diye jāwen, yā patṭī men wuh sirā bilā sarkāne ke sí diyā jāwe; agar is bandish se poultice jāng par qāem rakhī jāwe to pichhlā sirā us taraf ko sarkā diyā jāwe aur hasb zarúrat patṭī men bāndh diyā jāwe.

TARKĪB KĀI SHĀKHĀDĀR PATṬĪ BĀNDHNE KĪ.

S.—Tarkīb kái shākhādar patṭī kī aur fuwaed uske bayān karo.

J.—Yih patṭī linen kapre kī banī hai, aur wuh patṭī bahut lambī roller ke baarz tīn inch chaurī hotī hai, aur uske bīch men kái ārī patṭīyān usī qadr chaurī magar aisī lapete kī un ke sire bad bandish hone āpas men har ek azv ke lipaṭne ke qābil rāhen lagāi jātī hain, is tarah kī ādhī patṭī se úpar kī patṭī dab jāwe, aur is

tinued up to the groin, and two or three turns made above the hip to prevent its slipping down.

Q.—When an enlarged vein bursts, what should you do ?

A.—Stop it by placing a finger on the bleeding part and laying the person down flat either on the ground or on a bed. A little pad of lint is then to be put on, and bound fast with a roller, which should first be applied upon the foot, and then rolled up carefully over the pad and above the knee or higher according to circumstances. The person should be kept in bed for a few days, in which time the wound heals, and the pad may be removed having first soaked it for a few hours in a wet poultice. A small piece of plaster may then be put on and the leg carefully rolled as before.

ON BRUISES.

Question.—What is meant by a bruise ?

Answer.—A common, and very often a troublesome accident caused generally by some heavy weight falling upon some part of the body, or the person falling heavily from some height. At first the part swells, then blackens, in consequence of the blood escaping beneath the skin from the small vessels which are burst by the blow. After a day or two or more, according to the severity and extent of the bruise, the colour changes to a dirty green, and the skin around the bruise has a greenish yellow hue. Sometimes, when much blood has been extravasated, and not absorbed, an abscess forms, which at last bursts through the skin, and is often very troublesome to cure.

Q.—What is the best application to a bruise ?

A.—A warm moist poultice, constantly renewed, or hot moist flannels. If the bruise should be very severe and in the neighbourhood of a joint in an adult, a dozen leeches should be applied to relieve the pain, following them up with warm poultices or flannels; leeches may require to be applied three or four times before the pain is removed. Should the bruise be near any joint, the limb must be kept perfectly quiet for many days.

TORN OR CUT ACHILLES TENDON.

Question.—Where is the tendon Achilles situated ?

jāwēn to us sūrat men us paṭṭī ko jangāse tak khīnch kar bāndhī jāwe, aur kūle ke ūpar do yā tīn lapet diye jāwēn.

S.—Jab ki barhī hūi rag phaṭ jāwe us waqt kyā ilāj kīyā jāwe ?

J.—Jis jagah se khūn nikaltā ho wahān unglī lagākar khūn ko rok diyā jāwe, aur marīz ko hamwār zamīn par yā chārpāī par pānw phailākar barābar liṭā diyā jāwe, us waqt ek chhoṭī gaddī lint kī lagākar roller se bāndh dī jāwe. Awwal pānw par bāndhkar baah-tiyāt tamām us gaddī par ūpar zānū yā aur ūpar hasb zarūrat aur mauqā lapetī jāwe, aur marīz ko chand roz tak chārpāī par paraṭ rakkhen, tāki us ārsa men uskā zaḥm indamāl pāwe, aur gaddī ko chand ghanṭe tak tar poultice se bhīga huā rakḥkar utār dāle bad iske ek chhoṭā ṭukrā plaster kā rakh kar tāng badastūr sābiq phir roll se bāndh dī jāwe.

ZARB KE BAYĀN MEN.

Sawāl.—Zarb se kyā murād hai ?

Jawāb.—Basabab gir parne kisī bahut bhārī bojh ke azāī jism par, yā basabab gir parne dafaṭan kisī buland muqām se. Awwalan jis muqām par zarb ātī hai us muqām par warm ho jātā hai, bad uske siyāh ho jātā hai isliye ki chhoṭī chhoṭī ragon men se jo ki basabab sadme ke phaṭ jātī hain khūn nikalkar andar khāl ke daurtā hai, badhū ek yā do yā ziyādah dinon ke bartābaq tashaddud aur tūlānī zarb ke rang uskā sabz siyāhī māl ho jātā hai, aur ās pās kī khāl barang zard sabzī māl ho jātī hai, baz auqāt jab ki khūn niklā, aur na jazb huā, us sūrat men phoṛā ho jātā hai, aur ākhir-ul-amar andar khāl ke phūṭ jātā hai, aur uskā achchhā honā bahut diqqat talab hai.

S.—Sab se bahtar zarb par lagāne kī dawā kyā hai ?

J.—Garam tar poultice yā tar flannel har roz bāndhī jāwe, agar zarb bahut shadīd howe, aur kisī joṛ ke pās wāqā howe, aur wuh shakhs jawān howe, wāste kam karne dard ke bārah jonken lagāwēn aur uske bad garam poultice yā flannel bāndhā jāwe, qabl az rafa hone dard ke jonk tīn yā chār martabah lagāī jāwēn, agar wuh zarb kisī joṛ ke pās wāqā howe, to azv ko chand roz tak bilā jumbish rakhnā zarur hai.

DARBĀB PHAṬ JĀNE YĀ KAṬ JĀNE ACHILLES TENDAN KĀ.

Sawāl.—Achilles tendon puttḥe kis muqām par wāqā hai ?

Answer.—The large thick tendon so called, connects the heel with the great muscles forming the calf of the leg.

Q.—How does this accident generally occur ?

A.—The person makes a false step when walking or in coming down stairs; sometimes it has been broken by a person dancing violently.

Q.—What are the signs of a torn tendon achilles ?

A.—The person drops to the ground as if shot, and feels as if he had received a violent blow on the part. When he gets up, he finds himself utterly unable to keep that leg erect, if he make the least attempt to rest his weight on it, and is therefore compelled to hop on the other.

Q.—What is the proper treatment in such a case ?

A.—The person should be put to bed, and lay his leg on the outside, with his knee much bent, and the toes much pointed, by which position, the torn ends of the tendon are brought as nearly together as possible. This position should be retained by putting a piece of thin board about three fingers wide, and extending from below the knee cap beyond the toes upon the front of the leg, taking care to have the board well padded; it must be confined above by a few turns of a short roller around it, and the upper part of the calf; and below, around it and the foot, so that the pointing of the toes is thus rendered continual. No bandage must be put on at the part where the tendon has been torn, and which is easily found before the foot is extended, by the gap in which the finger drops in passing it from the heel up the leg towards the calf.

Q.—How soon may the patient get up ?

A.—Generally in about fourteen days. He should however wear a half boot laced up in front with a very high heel of cork, which should keep the toes pointed, as they were when he was in bed. In course of ten days the height of the heel of his boot may be slightly reduced, and so on every ten days, until he brings his heel gradually to the ground.

Q.—Should the tendon achilles be cut, what treatment ought to be pursued ?

A.—The edges of the skin must be kept together by two or three

J.—Bará motá paṭṭha jis ko achilles tendon kahte hain erī ko un paṭṭhon men shāmil kartā hai jis se pinḍlī banī huī hai.

S.—Yih paṭṭhā kis tarah phaṭ jātā yā kaṭ jātā hai ?

J.—Jab ki chalte waqt yā zīne se utarte waqt ghabráhaṭ men pānw par jātā hai, aur baṛ waqt ittifāqan zor se náchne waqt tūt jātā hai.

S.—Ksár kaṭ jāne achilles tendon ke kyā hain ?

J.—Wuh shaḵhs ki jis ká yih paṭṭha kaṭ jāwe, wuh zamín par is tarah gir partā hai ki jaise kisí ke golí lage, aur usko aisá maḷúm hotā hai ki us muqám par bará sadma pahunchá, jab ki wuh uṭhṭā hai to apnī tāngen sídhe khare hone ke qábil nahín pátí, agarche wuh gáhe iráda kartā hai bojh dená us táng par to wuh kúd partā hai dúsrí táng se.

S.—Aisí súrat men kyá ilāj karná munásib hai ?

J.—Wuh shaḵhs chárpái par liṭiyá jāwe, aur apnī táng báhar níkále, aur ghuṭne ko bahut jhuká de, aur nok se angúṭhe ko sídhá kare, aisá karne se wuh paṭṭhā alhatta hatt-ul-imkān qaríb á jātā hai, is waza se qáim rakhne kí tadbíryih hai ki ekṭukrápatle takhte ká tín angusht chaurá ghuṭne kí chapnī ke níche se pānw ke angúṭhe ke síre kí taraf táng ke sāmne bāndh dewen, magar yih ihtiyát karen ki us takhte par aur úpar kí taraf jáng aur níche aurgird pānw ke lagáe jáwen tákí nok angúṭhe kí is tarah qáim rahe, aur jis muqám se ki paṭṭhā kaṭ gayá ho, wahín kuchh bandish na kí jāwe, aur wuh muqám qabl az phailáne pānw ke hone chhed ke se ki jis men se unglí utar jāwe, jis waqt ki erī se táng par jáng kí taraf háth pherá jāwe baásání tamám maḷúm ho jātā hai.

S.—Kis arsa men maríz uṭhne ke qábil ho jātā hai ?

J.—Ksár chaudah roz men maríz ko cháhiye ki ádhá boot jútá áge se bandhá ho, us júte kí erī ko cork kí dāt se únchá rakkhen, angúṭhe pānw ke usí tarah khare rahen jaise chárpái par parne ke waqt khare rahte hain, das roz baḍ boot kí erī kí bulandí thorí sí kam kí jāwe, aur isí tarah har daswen roz kam karní cháhiye, jab tak ki erī áhistah áhistah zamín par ṭikne lage.

S.—Achilles tendon kaṭ jāwe to kyá ilāj kiyá jāwe ?

J.—Sab taraf se khál jama kar ke do yá tín tánke resham ke

stitches of silk, both edges of the skin should be nipped up, so as to make their under sides touch, and then pass the needle and thread upwards through both together about two-tenths of an inch from the edge, and then a quarter of an inch distance to pass it again downwards in like manner. Two or more stitches must be put in, and should be supported by long narrow strips of sticking plaster laid between them lengthwise on the leg. About the third or fourth day, the stitches must be taken out, if the holes through which the needles have passed be wet with matter, or before this time, if they be red and swollen. After they are removed, the straps of plaster must be used to keep the wounds together.

BLEEDING FROM THE NOSE.

Question.—How would you check bleeding from the nose ?

Answer.—This is generally done by the person sitting upright, bathing the nose with cold water or vinegar and water, and sniffing it up the nostrils, or applying pounded ice. If it however continues, twenty grains of alum may be put into two table spoonsful of cold water and thrown up with a squirt; or a plug of lint dipped in this wash may be passed into the bleeding nostril, taking care to pass a strong thread securely round it, lest it should be pushed in so far back, that it cannot be got out without great difficulty. The patient should take a few saline purges.

ON BLEEDING FROM WOUNDS.

Question.—How would you attempt to stop bleeding from a wound ?

Answer.—If the wounded part be on a bone, as for instance on the skull, or on parts of the face, where it can be pressed firmly against the bone by the finger, or by a bit of cork or hard pad bound tightly on with a roller. If this does not succeed, each edge of the wound may be lifted up, carefully examined, and if any little jet of blood be seen, it may be presumed that some little artery is wounded. The point of a tenaculum should then be dipped in as near as possible to it, and the spouting mouth drawn up sufficiently, to pass a strong thread or silk round it below the tenaculum; one end of the silk should then be passed through the other, and both ends drawn steadily till the blood cease to flow. Any other spouting vessel

lagáweñ donoñ kináre úpar ko is tarah khainche jáweñ, ki andar kí taraf se us khál ke us patthe ká múnh mil jáwe, us waqt donoñ meñ úpar kí taraf ko suí aur ñorá ek inch ke दूसरे hissah ke bará-bar us kínáre se nikálen, aur niche se ek inch ke chaháram hissah ke fásle par usí taur se. Do yá ziyádah tánke lagáe jáweñ, aur lambí kamchaurí patthí sticking plaster kí un tñkõñ ke bích meñ táng ke úpar lagá dí jáwe, táki we tánke wahín qáim rahen. Qaríb tísre ya chauthie roz ke we tánke nikále jáweñ, agar chhed suí ke babáis píñ ke tar hon, yá surkhí yá phúle hue hon. Bad nikálne tánke ke pháyá marham wáste milá rakhne zakhmon ke istāmál kiyá jáwe.

BAYÁN JARÍ HONE NAKSÍR KÁ.

Sawál.—Kyunkar tum band kar sakte ho khún nikalná ná se ?

Jawáb.—Tarkíb band karne khún kí yih hai, ki maríz ko sídhá biñhlákar us kí náñ ñhande pání se, yá sirke aur pání ke sáñh tar karen, aur sungháweñ us ko nathnon kí ráh se, yá lagáweñ us par kútá huá baraf. Agar isse khún ná thambe, bís grain phitkarí do mez ke chamche bhar pání sard meñ milákar pichkárí se náñ meñ dálí jáwe; yá ek batí lint kí us pání meñ bñigokar khún nikalne-wále nathne meñ lagáí jáwe, magar yih ihtiyát rahe ki ek mazbut ñorá us meñ bándhí jáwe, táki wuh battí aisí dúr náñ ke andar na chali jáwe ki us ká nikalná dushwár ho jáwe.

BAYÁN IJRÁI KHÚN KÁ ZAKHM SE.

Sawál.—Nikalná khún ká zakhmon se kyunkar band kiyá jáwe ?

Jawáb.—Agar wuh zakhm kisí haddí par howe, maslan kñoprí par, yá kisí muqám chihre par, to us muqám par unglí yá cork kí lakrí se dabáyá jáwe, yá ek sakht gaddí roller se khainchkar bándh dí jáwe. Agar yih tadbír kárgar na howe, har ek kinárá zakhm ká uñhakar baalhtiyát tamám ghaur se dekhá jáwe, agar chhoṭá sá rásta khún ká nazar áwe, to yaqín kiyá jáwe ki koí chhoṭí shiryán meñ zakhm ho gayá hai. Us súrat meñ tinaculum kenok hatt-ul-imkán us ke muttasíl kí jáwe, aur jahán se khún nikaltá ho us ko baqadar zarúrat unehá uñhakar us ke gird mazbút ñorá resham ká niche us tenaculum ke lagáwe; bádñú ek sirá us resham ká दूसरे meñ se lagákar donoñ siron ko khúb khainchen jab tak ki nikalná khún ká band

must be hooked up, and tied in a similar manner. After which, if the bleeding cease, the wound may be brought together with plaster.

Q.—If the bleeding proceed from a wound near the armpit, what should be done ?

A.—Place your thumb firmly into the neck immediately behind the middle of the collar bone, which will stop the flow of blood, until proper medical aid can be procured. The pressure thus made soon tires the thumb ; the handle of a large key, wrapped in three or four folds of linen, may be pressed in like manner for almost any length of time without fatigue.

Q.—If the bleeding proceeds from a wound in the leg or thigh, especially if high up in the latter, how would you proceed to stop it ?

A.—Place the patient on his back, and apply pressure directly on the groin, at right angles with the body, until assistance could be procured.

Q.—When the bleeding is anywhere below the middle of the upper arm or below the middle of the thigh, how would you temporarily stop it ?

A.—I should take a handkerchief, and pass it once or twice round the limb, some distance if possible above the wound, and tie it tightly and firmly. A stick is then to be pushed beneath the circular bandage thus formed between it and the skin, and twist it so that it screws the handkerchief tight until the blood ceases to flow. The screwing should only be continued till the bleeding stops, as the soft parts beneath may be severely bruised.

ON SPRAINS.

Question.—What is a sprain ?

Answer.—A straining, wrenching, or tearing of the ligaments or tough structures which bind bones together to form joints.

Q.—What joints are most commonly sprained ?

A.—The wrist and ankle.

Q.—What treatment should you adopt for a strain ?

A.—The joint should be kept perfectly at rest, and the person keep on his bed ; warm moist flannels should be repeatedly applied

ho jáwe. Aur दूसरी rag jis men se khún nikaltá ho us ko bhí isí tarah hook lagákar bándhe. Bad us ke agar khún tham jáwe to zakhm ko plaster lagáwe táki wuh andmál páwe.

S.—Agar khún aise zakhm se nikaltá ho ki wuh muttasil baghal ke ho, us súrat men kyá kiyá jáwe?

J.—Angúthá háth ká gardan par se níche háns kí haddí ke bích men mazbút rakhkar dabáwen táki us se khún band ho jáwe, jab tak aur maáljah munásib tajwíz kiyá jáwe. Is tarah dabáwe se angúthá jald dukhne lagegá, is liye munásib hai ki barí kunjí ke daste par tén yá chár tali linen kí lapet kar usí tarah use dabáwe, aur is tarah se jab tak cháhe dabáwe kuchh thakán ma'lúm na hogá.

S.—Agar khún aise zakhm se jarí ho jo táng yá jáng men, yá jáng se úpar wáqa ho, us ko kyunkar band karen?

J.—Maríz ko píth ke saháre se bitháwe, aur ek gaddí jangáse par durustí se lagáí jáwe, jab tak ki दूसरा maáljah munásib tajwíz ho.

S.—Jab ki khún kisí muqám se níche bích úpar le háth ke yá níche bích jáng ke wáqa ho, to bilfáil us ko kis tarah band karen?

J.—Ek rúmál se, ek yá do lapet us úzv par thore ek fásle zakhm se jaisá ki mumkin ho khúib kháinchkar mazbút bándh de. Badhú ek lakrí is patthí mudawwar ke níche se yane darmiyán patthí aur post ke nikálkar us ko itná ainthe ki khún band ho jáwe. Magar jab tak ainthe ki jab tak khún band ho jáwe, mubádá azái muláim ki us ke níche wáqa ho un men zarar na pahunchhe.

MOCH KE BAYÁN MEN.

Sawál.—Moch kis ko kahte hai?

Jawáb.—Jo lachak, yá ainthe, yá shigáf patthon men yá jaráo joron men hai jis se ustakhwán aur azái bane hue hai us men wáqa ho us ko moch kahte hai.

S.—Kaun kaun se úzv men aksar moch á játí hai?

J.—Kaláí háth aur takhne pánw ke men.

S.—Us ke ainthe men kyá tadbír kí jáwe?

J.—Wuh úzv behis aur harkat rakkhá jáwe, aur maríz chárpaí par pará rahe, garam aur tar flannel mukarrar aur sikarrar chand

for some hours, and a warm bread and water poultice at bed time. These should be continued for a few days, and no attempt be made to use the joint. If the pain be very severe, and continue so for the first and following days, leeches may be applied, and be repeated once or oftener. When the pain subsides, a vinegar poultice or a wash of goulard extract may be applied. When the pain entirely subsides, the greatest caution must be used not to excite fresh inflammation by walking too soon, or exercise the limb. A joint often swells a long while after a sprain, it should then be bound up carefully with straps of soap plaster and a roller of linen.

BROKEN BONES.

Persons who break their arms either below or above the elbow, will find it least painful to put the forearm at right angles with the upper, in a broad sling, which will contain it from the elbow to the points of the fingers; and he will find he can walk home, or to the Doctor's residence, with far less pain to himself, than if he went in a carriage of any kind.

If the leg or thigh be broken, a hurdle or a door covered with straw, coats, or blankets, may be converted into an excellent litter, which should be laid down by the sufferer's side, and be gently and quickly laid on it, by just as many persons as are enough to raise him up a very little from the ground, and by no more, as the greater number of assistants there be, the less likely are they to act together and effectually. The hurdle or door should be carried by hand, not on the assistants' shoulders as commonly done, two persons at each end taking hold of it, and all keeping step as they move along. If a couple of poles can be procured and fixed across and beneath each end of the hurdle or door, the bearers will be able to carry him with less fatigue either to themselves or the patient. If neither hurdle or door can be procured, an excellent substitute may be made, by fastening four stout poles together, and tying a blanket securely to them, so as to resemble the frame and sacking of a bedstead, and upon this the sufferer may be led. Having got the sufferer on the hurdle, door or blanket frame, the sound limb should be brought close to the broken one, and both limbs be tied firmly together with two or three handkerchiefs, thereby giving great support to the broken limb, and almost pre-

ghanton tak lagáí jáwe aur garam roṭí aur pání ká poultice sote waqt bāndhá jáwe. Aisá hí chand roz tak kartá rahe, aur us ūzv se mutlaq kām na le. Agar dard bahut shadíd howe, waisá hí istamál men láte raho awwal din yá dúsre din tak, aur jonken lagáí jáwen ek martabe yá ziyádah. Jab ki dard ko ifáqá ho, to poultice sirká yá wash goulard extract ká lagáya jáwe. Jab ki dard bilkul mauqúf ho jáwe, to bahut ahtiyát karen ki jald chalne yá us ūzv ko harkat dene se sozish ziyádah na ho jáwe. Moch áne ke kitne hí arse bad aksar warm á jútá hai, us waqt cháhiye ki bahtiyát tamám pattí soap plaster kí lapet ke aur roller linen ká úpar bāndhá jáwe.

BAYÁN TÚT JÁNE HADDÍ KÁ.

Jis shaḡhs ká háth niche yá úpar kohní se tút jáwe, agar wuh shaḡhs apne agle háth ko mustaqím úpar ke háth ke háth par chauṛí himáíl men rakkhe, ki us men sára háth kohní se unglíyon tak á jáwe to bahut kam taklíf hogí, agar wuh shaḡhs gárí men baiṭhkar ghar jáwe, yá doctor ke makán par pyádah jáná us ko mujib bahut kam taklíf ká hogá. •

Agar táng yá jáng tút jáwe to ṭattíyon ko ghás yá bārán coat yá kambloṇ se dhāṅkkar ek achchhá ḍolá banáyá jáwe, aur maríz ke barábar rakkhá jáwe, aur jis qadar ádmí ki us ko zamín se ubhár sakeṇ usí qadar ádmí jama kar ke us ko uthákar us men liṭáyá jáwe, isse ziyádah ádmí lagáe jáwen, isliye ki jis qadar ádmí ziyádah hongé usí qadar un se ek sáth aur jaisá ki cháhiye kām anjám hogá. Wuh ḍolá háthon par chale, aur kandhon par na chale jaise ki aksar dastúr hai, do ádmí us ko donon taraf se pakre chalen, aur báqí ádmí sáth sáth qadam utháe jáwen. Agar do ḍande báham pahunchen aur niche har ek sire ke us ḍole men áre lagáe jáwen, to kaháron ko kam thakán maḡlúm hogá, aur níz bímár ko blí kam taklíf hogí. Agar ḍolí báham na pahunche to yih tajwíz umda hai ki uskí jagah chár mazbút ḍande bāndhkar unke bích men ek kambal tán dewe ki wuh bashakal ḡhāne chārpái ke ho jáwe, aur us par maríz ko le jáwen. Aur us shaḡhs ko ḍolí yá kambal ke chaukṡte par sawár kar ke achchhá ūzv túte hue ūzv ke muttasil lákar donon ázá ko tín rúmálon se ḡhúb mazbút bāndhá jáwe, is taur se túte hue ūzv ko bahut sahará ho játá hai, aur harkat qadre mauqúf ho játí hai, ek takiyá yá lambí gaddí ghás kí báhar kí taraf us ūzv ke rakkhí jáwe, táki us ko aur ziyádah maz-

venting any movement. A pillow or long pad of straw should be placed along the outside of a limb to render it still more steady. In placing the limb on the hurdle, door or blanket frame, great care should always be taken to lay the broken bone as near as possible in its natural position, for if this be not attended to, but the broken part be left bent, most probably one or other end of the bone will thrust through the skin, and thereby materially increase the injury.

On the patient being brought home, the limb, if an arm, should be placed upon a pillow half bent, and if a leg or thigh, it will rest most easily upon the outer side, with the knee bent, and so retained until proper assistance can be procured.

BROKEN RIBS.

Question.—What are the usual signs of a broken rib ?

Answer.—It may be presumed a person has his ribs broken, when, after a fall or blow, he feels at every breath, a stitch or prick in the side of his chest where he has received the injury ; and if the hand be placed on this part, and the person be directed to draw his breath in deeply, the broken ends of the bone will be felt moving on each other, and giving a sort of crackling feel.

Q.—What treatment should you adopt, if one or more ribs be broken on one side of the chest ?

A.—Wind a flannel or linen roller, six yards long and four inches wide, tightly round the chest, so as to prevent any motion of the ribs in breathing. The end of the roller should be sewn, and it would be as well, if all the turns of the roller were sewn together, as it would render the binding more secure. If well put on, such a bandage would not require to be renewed more than twice in a month.

Q.—Should you bleed in such cases ?

A.—It is better left alone, until the patient complains of pain, or is troubled with cough, then a pint of blood may be taken with benefit, and may perhaps require to be repeated once or twice. The bowels should be well cleared out with a purge, and twenty drops of antimonial wine, five or ten drops of laudanum in a glass of water be given three or four times a day. After a few days the

búti ho jáwe, jis waqt ki háth us dolí par khisak ke ohaukhte par rakkhá jáwe us waqt túti huí haddí ko mila huá hatt-ul-wasá bahálat aslí rakhte hain, aur hamesha bahut ihtiyát karní lázim hai, zerá ki agar us men ihtiyát na kí jáwegí aur tútá huá uzv khamídah pará rahegá to ghálib hai ki ek sirá yá dúsrá sirá haddí ká jild men ghus jáwegá aur usse ziyádah ízá pahunchegí, aur jis waqt mariz ghar pahunchte to us uzv ko agar háth ká howe ádhá kham dekar takiye par rakkhen, agar táng yá jáng ká howe to us ke báhar kí taraf ghutná jhukákar rakkhen, bahut árám malúm hogá, is taur se us ko sahára diyá jáwe jab tak ki maaljah munásib tajwíz ho.

BAYÁN TÚTNE PASLIYON KÁ.

Sawál.—Mamúli ásar shikastgí paslí ke kyá hain?

Jawáb.—Jis shakhs kí paslí túti huí hai jo ki bad girne yá pahunchne kisí sadme ke har ek sáns men us kó ek kasak yá chasak chhátí ke pahlú men jahán andar pahunchí hai malúm howe, aur us muqám par háth rakkhá jáwe, aur us shakhs ko kahá jáwe ki sáns andar ko zor se khainche to túte hue sire paslí ke idhar udhar harkat larte hue malúm hongé.

S.—Agar ek yá ziyádah pasliyán chhátí kí ek taraf se tút jáwen to kyá iláj kiyá jáwe?

J.—Flannel yá linen kapre ká roller chhah ghaz lambá aur char inch chaurá khenchkar chhátí ke ás pás bándhá jáwe táki dam lete waqt pasliyon ko harkat na howe, aur sire us roller ke sí diye jáwen, aur jo sab lapet us roller ke tánk diye jáwen jisse ki wuh bandish khúb hifázat se rahegí, agar yih bandish khúb baudhe to do martabah kholná ek mahíne men munásib hogá.

S.—In súraton men fasd lená bhí cháhiye?

J.—Munásib hai ki kuchh na karen jab tak ki bímár ke dard kí shikáyet ho, yá us ko khánsí satáwe; us súrat men ádhá ser khún ká lená mufíd hogá, aur sháyad ek do martabah aur fasd kí zarúrat howe, mushil de kar antariyán khúb sáf kí jáwen, aur bís qatre antimonial wine ke aur pánch yá das qatre laudanum ke, ek glass pání men, char martabah ek din men piláe jáwen, bad chand

person will find himself much more comfortable sitting up than lying in bed.

Q.—If the ribs on both sides be broken, what should you do ?

A.—In that case, or if the breast bone be broken, no bandage should be applied, as it will do mischief, but the person must be kept as quiet as possible. These latter accidents are always very dangerous.

BROKEN COLLAR BONE.

Question.—What are the signs of a broken collar bone ?

Answer.—A bump may be observed, when comparing the broken with the unbroken bone ; the unnatural motion felt by the fingers put on the broken part when the arm is moved ; the pain on motion, the disappearance of the irregularity when the shoulders are brought back, and its reappearance when the hold of them is left off, are proofs of the nature of the accident.

Q.—What is the treatment to be adopted here ?

A.—It consists in placing high up in the hollow of the armpit, a pad as big as two fists, and twice as wide, which must be kept in place by a tape at each end, passed on the back, and the other on the front of the chest, and tied on a pad to prevent galling on the opposite side of the neck. A bandage is next to be turned once or twice round the arm, immediately above the elbow, and its two ends carried round the chest, one before, and the other behind, and tied so as to keep the elbow close to the side. The elbow and forearm are then put into a short sling, which lifts up the shoulder, and should be tied on the sound side of the neck. The bandages thus put on must be worn for a month.

BROKEN ARM ABOVE THE ELBOW.

Question.—What are the signs of an arm being broken above the elbow ?

Answer.—This accident is easily distinguished by the unnatural motion at the broken part, and by the person being incapable of raising either the elbow or forearm.

roz ke bímár ko chárpaí par pará rahne se aur uṭh kar baiṭhne se ziyádah árám maḷúm hone lagegá.

S.—Agar donon taraf kí pasliyán tút jáweñ to us súrát men kyá kiyá jáwegá?

J.—Us súrát men agar chhátí kí haddí tút jáwe to bandish karní munásib nahín, zerá ki usse qabáhat lázim áwegí, magar maríz ko jahán tak mumkin ho beharkat rakkhá jáwe, aur aisí hawádis mazkúra bálá se hamesha bahut zarar láhaq hotá hai.

BAYÁN TÚT JÁNE HADDÍ HÁNS KÁ.

Sawál.—Ásár shikastgí haddí háns ke kyá hain ?

Jawáb.—Jis waqt ki tútí huí háns kí haddí ko sálím haddí ke muqábil dekhá jáwe, to uspar ek gúmra sá maḷúm hotá hai, aur jab ki tute hue uzv par unglí rakkhí jáwe, barwaqt harkat dene háth ke us jagah ek harkat khiláf ádat hotí huí maḷúm hotí hai, barwaqt jumbish ke dard hotá hai, jabki kandhá píchhe ko jhukáya jáwe, to us waqt badshaklí dahán kí uskí shakal se maḷúm hotí hai, aur jabki unko dhíla chhor diya jáwe, to us waqt phír badshaklí usse wáza hotí hai, to us súrát men wáza ho kí haddí háns kí tút gaí.

S.—Us hálat men kyá iláj kiyá jáwe ?

J.—Cháhiye ki baghal ke andar únche kí tarafek gaddí bamiqdár do muṭṭhí moṭí aur chahár muṭṭhí chaurí ho donon taraf se bándhí jáwe, ek fíta donon siron par bándhkar ek sirá píṭh par ko nikálkar aur dúsrá chhátí ke sámhne lákar us gaddí par bándhá jáwe, ki sámhne kí taraf gardan ke taklíf na ho ; badhú ek paṭṭí kí ek yá do lapet dekar zará kohní ke úpar bāñh men bándhí jáwe, aur us paṭṭí ke do sire men se ek sirá chhátí ke áge se dúsrá píchhe lejákar bāñdh diye jáweñ, táki kohní pahlú ke pás rahe, zānpas kohní aur aglá háth ek chhoṭí sí himáil men rakkhe jáweñ, ki jisse kandhá uṭhá rahe, aur gardan kí sálím haddí kí taraf kandhá bāñdhá jáwe, aur yih bandish ek mahíne tak bandhí rahe.

BAYÁN TÚT JÁNE HADDÍ HÁTH KÁ KOHNÍ SE ÚPAR.

Sawál.—Kohní ke úpar bāñh tút jáne ke ásár kyá hain ?

Jawáb.—Tútá bāñh ká is muqám se basabab khiláf ádat wáqa hone harkat ke bamuqám shikastgí baásání tamíz ho saktí hai, aur us súrát men wuh shakhs kohní aur aglá háth uṭhá nahín saktá hai.

Q.—What is the treatment to be followed here ?

A.—The pads and splints must be fitted on the sound arm, and four of each will be required. The splints should be about three fingers' breadth wide; one should reach from the shoulder to the bend of the elbow, one behind from the shoulder to the point of the elbow, one from the armpit to the jutting inside of the elbow, and one from the shoulder to the jutting outside of the elbow. The pads should be a little wider than the splints and about two inches longer, so that they may be turned over each end of the splint, and tacked, to prevent them slipping about. Two long rollers are also necessary. The immediate swelling after the accident having subsided, the limb must be placed with the forearm bent at a right angle with the upper. The hand and arm are to be lightly swathed with a roller, the turns of which should overlap each other, and be continued a little above the elbow. The second roller is now to be wound round the arm, twice or three times above the elbow, then the first splint is to be placed on the front of the upper arm, but not quite down to the bend of the elbow, and two or three turns of the roller made round it; next the back splint, from the shoulder to the elbow, placed against the arm, and the roller carried around it twice or thrice; the third splint is now put on at the inside, its upper end being pushed up into the arm-pit, not so high, however, as to rub against and gall it, and the fourth on the outside, round these the roller is now to be wound, and continued till the whole arm with the splints have been swathed from the arm-pit to the bend of the elbow. A short sling is then put round the neck, which must only support the hand and wrist. By thus doing, the weight of the elbow drags down the lower end of the bone, and keeps the broken portions in place. The splints rarely require being touched for ten days or a fortnight, and must then be again applied in the same manner. They must be worn for a month or five weeks. The person should walk about during his cure, as the broken bone keeps its position better than when in bed.

Q.—If wooden splints are not procurable, what substitutes may be employed ?

A.—Stiff paste board, or wheat straw splints.

Q.—*Is there any other method ever employed with success ?*

A.—Yes, after rolling the hand and forearm, a long roller well

S.—Is sūrat men kyā maʿljah kiyā jāwe ?

J.—Gaddiyān aur splint sālīm bānh par charhāe jāwen, har qism ke chār chār honī chāhiyen, tīn tīn āngusht chaurī splint lekar ek to kandhe se kohnī ke kham tak, aur ek kandhe ke pīchhe se kohnī ke kināre tak, ek baghal se kohnī ke andar nok tak, aur ek kandhe se kohnī ke bāhar nok tak bāndhī jāwen, gaddiyān splint se zarā chaurī aur do inch ziyādah lambī hon tāki splint ke donon kināron se ulaṭ kar ke sīye jāwen, tāki splint phisal na jāwen, aur do lambe roller bhī darkār hote hain, jab ki warm hawādas kam ho jāwe, tūtā huā hāth agle hāth par kham dekar basūrat zāwiya qāima rakkhā jāwe, bādhū hāth aur bānh roller se lapete jāwen, istarah ki lapet uske lapet par āte jāwen, aur zarā kohnī ke ūpar tak dūsra roller bānh ke gird do tīn lapet kohnī ke ūpar lapete jāwen, bādhū awwal splint ūpar ke bānh kī sāmne rakkhā jāwe, magar aisā nīche nahīn ki kohnī ke kham tak pahunchhe, aur roller ke dō tīn lapet us par diye jāwen, bād uske pīth kī splint kandhe se kohnī tak rakkhā jāwe, aur do tīn pech roller ke uspar bhī lagāe jāwen, bādhū tīsra splint andar kī taraf rakkhā jāwe, uskā ūpar kī sirā andar baghal ke lagāyā jāwe, magar aisā ziyādah na lagāwen ki baghal usse ragaṛ kar zaḥm ho jāwe, aur chauthā splint bāhar kī taraf lagāyā jāwe, aur unke gird roller lapetā jāwe, aur lapettā rahe jab tak ki sārī bānh mai splint baghal se kohnī ke kham tak lipaṭ jāwe, us waqt ek chhoṭā sā hamāil gardan men dālā jāwe, tāki uspar hāth aur kalāī saharī jāwe, aisā karne se basabab bojh kohnī ke nīche kī sirā haḍḍī kī utar ātā hai, aur tūṭe hue sire apnī apnī jagah ā jāte hain, das pandarah din tak splint ko chherne kī zarūrat bahut kam hotī hai, darsūrat chherne ke phir usī tarah se bāndh diye jāwen, ek mahīne yā sawā mahīne tak isī tarah bandhe rahen baayām maʿljah marīz ko chāhiye ki chaltā phirtā rahe, is liye ki banisbat chārpāī par parā rahne ke harkat karne se ustaḥwān shikastah ziyādah ṭhikāne se rahte hain.

S.—Agar lakṛī ke splint bāham na pahunchen to us sūrat men biliwaz unke kyā ilāj kiyā jāwe ?

J.—Sakht waslī yā gehūn kī nālī kī splint.

S.—Koi aur bhī tarkīb isse bihtar hai ?

J.—Hān aur bhī tadbīr hai ki bād roll bāndhne hāth aur agle hāth

soaked in thick gum water, starch, or rice water, may be carefully swathed round the upper arm from the elbow to the arm-pit. The limb must then carefully be laid upon a pillow, in as nearly as possible its natural position, and in the course of twelve or twenty-four hours, the gum or starch dries, and a tough, unyielding, well fitting case encloses the arm, and rarely requires being meddled with, till it be completely removed at the end of the month.

BROKEN ARM BELOW THE ELBOW.

Question—What are the signs of a broken bone below the elbow?

Answer.—There are two bones in the fore-arm, if only one of them is broken, it is often very difficult for an unpractised person to discover it, and it is of less consequence, as the sound bone serves as a splint to keep the broken one pretty nearly in its proper place, not so however when both bones are broken, here the nature of the injury is easily perceived.

Q.—What treatment ought to be pursued when both bones are broken?

A.—Two padded splints are required extending from the tips of the fingers to the bend of the elbow in front, and to the point of the elbow behind; the forearm is now bent; the splints applied, one before and one behind, and both bound firmly to it with a roller from the fingers up to the bend of the elbow. The arm then resting on its back is to be put in a sling, which shall support it from the elbow to the finger ends. The splints must be kept on about a month.

ON BROKEN FINGERS.

Question.—How would you treat a broken finger?

Answer.—Take a piece of thin wood or stiff paste board, as wide and as long as the finger, and place it on its front, or same side as the palm of the hand. Upon this the finger being laid straight it is to be bound with a roller an inch wide from end to end. The hand should be kept in a sling for a month, and no attempt be made to use it before that time.

ke ek lambá roller gárhe gonđ ke pání men yá nisháste men yá cháwal ke pání men bhigokar úpar ke háth ke gird baahtiyát tamám kohní se baghal tak lapeṭá jáwe, uzv shikastah us waqt bawazá aslí sábiq ke bahoshyáří tamám jaisá ki mumkin ek takiya par rakkhá jáwe, do chár pahar men wuh gonđ yá cháwal ká pání khuskh ho jáwegá, us waqt ek goyá ki saḡht bejumbish aur laṭak átá huá miyán háth ke gird ho jáwegá, aur bích uske chheṛne kí zarúrat kam hogí, jab tak ki ákhir mahíne tak bilkul na utár liyá jáwe.

BAYÁN TÚṬ JÁNE BÁNH KÁ KOHNÍ SE NÍCHe.

Sawál.—Shikastgí ustaḡhwán zer kohní kí alámaten kyá haiṇ ?

Jawáb.—Agle háth men do haddí hotí haiṇ, agarek túṭ jáwe aksar nawáqif ádmí ko maḡlúm karná us ká dushwár hotá hai, aur us ká namalúm karná bhí chandán mujib qasúr azím mutsawwar nahín ho, is wáste ki dúsrí haddí sálim bataur splint us túṭí huí haddí ko qaríb qaríb basúrat aslí qáim rakhtí hai, magar jab bi donon haddí túṭ jáwen us waqt yih súrát nahín hotí aur isí sábab se bawáqt túṭne donon haddí ke maḡlúm ho játá hai ki kyá nuqsán huá.

S.—Jab donon haddí túṭ jáwen to us waqt kyá iláj kiyá jáwe?

J.—Do gaddí lage huí splint darkár hote haiṇ aise lambe ki unglí kí nok se kohní ke kham tak sámhne kí taraf aur kohní kí nok tak píchhe kí taraf pahunchen, agle háth ko jhukákar ek splint áge aur ek píchhe lagáyá jáwe, aur unglí se kohní ke kham tak roller se mazbút bándhe jáwen, bađhú bánh ko us kí pusht par thahrákar ek himáil par rakkhí jáwe, táki uspar kohní se ungliyon ke sire saháre jáwen, aur yih splint ek mahíne tak barábar bandhe raheṇ.

BAYÁN TÚṬ JÁNE UNGLIYON KÁ.

Sawál.—Túṭí huí ungliyon ká kyá iláj kiyá jáwe?

Jawáb.—Ek tukrá patlí lakrí yá saḡht waslí ká un ke barábar arz aur túl men lekar sámhne kí taraf hathelí kí taraf un ungliyon ke rakkhá jáwe aur unglí sídhí rakhkar ek inch chauṛe roller se ek sire se dúsre sire tak bándhí jáwen, aur háth ek mahíne tak himáil men rakkhá jáwe aur us se kám lene ká iráda us qadar arse tak na kiyá jáwe.

Q.—How is the stiffness that generally remains to be removed?

A.—By placing the hand daily in warm water, and afterwards bend the finger gently forwards and backwards, as far as it can be moved without pain.

BROKEN THIGH.

Question.—How is the nature of this accident detected?

Answer.—If it occurs in any part a little distant from the hip or knee joint, it is easily ascertained by the unnatural bending at the seat of the injury, and by the person being unable to lift up the leg below the broken part, as well as by his not liking to attempt it on account of the pain produced by the ends of the bone pushing into the flesh.

Q.—How would you treat such an accident?

A.—With splints if possible; if not procurable then without them, taking care to keep the person as quiet as possible.

Q.—How would you proceed to treat without splints?

A.—The patient must be placed on his back upon a firm mattress, laid on a board resting on the bed frame. Two thick pads are then to be made of sufficient size to cover, the one the whole of the inside of the sound knee, and the other the inside of the ankle of the same limb. Both limbs must now be laid close together, in the same straight line as the body, resting on the heels, with the toes right upwards; and in doing this care must be taken that the calves of the legs rest flat on the mattress. The body must now be kept immoveable by one person who grasps the hips with his two hands. A second person then takes hold of the broken limb with both hands just above the ankle, and gently and steadily draws it down without disturbing its position, whilst a third person places the knee pad between the two knees and the ankle pads between the ankles. The gentle pulling being continued, the sound knee is brought close to that of the broken limb, but a little above it so that it rest against the jutting inside of the joint, and then, both being kept close together, a pad about as broad as the hand must be turned round both legs, directly below both knees, and round this a roller about three yards long, must be softly, carefully

S.—Sakhtí jo ungliyon par ho jáwe kyunkar rafa kiyá jáwe?

J.—Har roz háth ko garam pání men rakhkar ungliyon ko áhiste áhiste áge píchhe harkat detá rahe, hattá ki un kí jumbish bilá qasúr yá taklíf hone lage.

BAYÁN TÚT JÁNE HADDÍ JÁNG KÁ.

Sawál.—Shikastgí jáng kyunkar daryáft kí jáwe?

Jawáb.—Agar jáng zánú ke joṛ yá kúle ke joṛ se fásile par tút jáwe to maḷúm honá us ká úsán hai, isliye ki bamuqám zarb kham khiláif ádat par játa hai aur maríz uzv shikastgí se táng apní uṭhá nahín saktá, aur basabab ghusne ustaḵhwán shikasta ke dard gosht men maḷúm hotá hai, aur maríz ká yih jí cháhtá hai ki apne páñw ko harkat na dúñ.

S.—Is súrat men kyá iláj kiyá jáwe?

J.—Agar mumkin ho to iláj bazariāḥ splint kiyá jáwe, aur jo splint dastyāb na hon to bilá splint bhí ho saktá hai. Illá yih ahtiyát rahe ki us súrat men maríz hattulwasa bebās aur harkat rahe.

S.—Bilá zariāḥ splint kis tarah iláj kiyá jáwe?

J.—Maríz ko mazbút gadele par ki takhtá jo ki chárpái par jaṛá howeliṭáwen. Do moṭí gaddiyāñ aisí lambí chauṛí banáí jáwen ki ek to sálím ghuṭne ke andar aur dúsrí usí uzv ke ṭaḵhne ke andar ba-ḵhúbí á jáwe. Donon uzv pás pás rakkhe jáwen usí sídh men jaise ki jism hotá hai ki koí shaḵhs apní eṛí par sahárá dekar aur páñw kí ungliyon ko sídhá úpar kí taraf karke khará howe; aur aisá karne men yih liház rahe ki donon tángon kí jáng us gadele par sáf phailí rahen. Ek ádmí donon kúlon ko donon háth se pakaṛ ke us maríz ke badan ko jumbish hone na dewe, aur dúsrá ádmí túṭe hue uzv ko donon háth se ṭaḵhte par pakṛe rahe, aur áhiste áhiste aur mazbútí se us ko níche utáre, magar us uzv ko terhá na karen balki sídhá rakkhen, aur tísrá shaḵhs ghuṭne ki gaddí ko darmiyāñ donon ghuṭnon ke aur ṭaḵhne kí gaddí ko darmiyāñ donon ṭaḵhnon ke rakkhe. Áhiste áhiste klínche sálím ghuṭna túṭe hue uzv ke pás láyá jáwe, magar us se wuh úpar rahe is tarah ki andar kí taraf uzv kí jo nok wáqā hai us par sahárá páwe, us waqt donon mutsil lákar ek gaddí háth bhar chauṛí donon tángon ke gird sídhí donon ṭaḵhnon ke lapetí jáwe, aur us par tín gaz lambá roller áhiste áhiste baahitiyát tamám lapetá jáwe táki ek ghuṭna dústre ghuṭne ke pás se na phisalne

and tightly wound so as to prevent one knee slipping from the other. A strap and buckle will serve the same purpose, or, in want of a roller and strap, a handkerchief may be passed round and tied, care being taken not to make a knot opposite either of the hard parts which mark the place of the two leg bones, for if it be put there it will be liable to cause very uneasy pressure. Both ankles are next to be tied together in like manner, care being taken that that of the sound is above that of the broken limb. A small pad is now to be put between the insides of both feet to guard them against the pressure which is made by bending the feet together, and this completes the whole business.

Q.—How would you treat a broken thigh with splints?

A.—The management is various, as regards both the number of splints and the position of the limb; sometimes one long straight splint is used; sometimes four short splints, whilst another case may require the double inclined plane to be used.

Q.—Describe the method of applying the long splint?

A.—The whole must be rolled carefully, beginning from the toes, and continuing up to the hip. This must always be done, let what splint be used you please. After having rolled the foot and leg a little above the ankle, and the body being steadied by one person, a second grasps the ankle, and gently pulls the leg down to its proper length, raising it just sufficiently from the bed, which must be assisted by a hand placed beneath the knee, and slightly raising it also, to allow the roller to be passed round it again and again, till the whole limb be rolled to the hip. The roller should only be six yards long and sewn to another for the convenience of the operator and comfort of the patient, for a roller of fourteen or sixteen yards is too bulky. The single splint should be half an inch thick, four fingers wide, and of length to reach from the armpit to an inch below the outside of the sole of the foot. It must be measured upon the unbroken limb, and a round hole cut, with its edge well scooped out, so as to allow the outside of the ankle to go into it, to prevent its being pressed upon. The whole length of the splint is to be well padded on the side next the outside of the broken limb. Each end of the pad is to be turned well over the corresponding end of the splint, and then the pad carefully

páwe. Yih kám ek tasme aurek baksue se nikal saktá hai, aur dar-súrat adm dastyábí roller yá tasme ke ek rúmál lapetkar bándh diyá jáwe, magar is qadar ahtiyát rahe ki saḡht jagah donon haḍḍiyán táng kí howen girah na lagáwen, isliye agar us jagah girah lagegí to us ke dabáo se taklíf hogí. Isí tarah se donon ṭaḡhnon ko bhí bándhe, magar yih ḡhiyál rahe ki achchhí táng ká ṭaḡhná ṭúṭí huí táng ke ṭaḡhne par bándhá jáwe. Ek chhoṭí gaddí darmiyán men andar kí taraf donon pánw ke rakkhí jáwe táki is men basabab donon ikatṭhe bandhe hone ke dabáo na kare, pas aur kuchh karná zarúr nahín.

S.—Ṭúṭí huí jáng ká iláj bazariāḡ splint kyunkar kiyá jé

J.—Kái tarkíb se karte hain baliház ṭadád splint aur mauqá uzv shikastah ke kái tarkíb se iláj kiyá jáwe; baze auqát ek lambá sídhá splint, aur baz auqát chár chhoṭe splint aur baz súrat men dohre splint bashakal musallas ke kám áte hain.

S.—Lambe splint bándhne kí tarkíb bayán karo? •

J.—Sádah splint baahtiyát pánw kí ungliyon se kúle tak bándhá jáwe; kaisáhi splint ho illá is tarah bándhná uská hamesha cháliye. Táng aur pánw ko zará ṭaḡhne se upar roller se lapet kar, ek shaḡh bandan ko mazbút pakre, aur dúsrá ṭaḡhne ko pakre aur táng baqadar zarúrat níche kí taraf khínche, aur baqadar iktafá usko chárpái se uṭháwe, aur yih amar is taur se kiyá jáwe ki níche ghutue ke háth lagákar aur usko zará únchá uṭháwe aur roller uske ás pás kái martabe lapete, yá jab tak sárá uzv kúle tak lipat jáwe; aur wuh roller sirf chhah gaz lambá howe aur dúsré roller men siyá jáwe, táki wáste kár bandish aur áráam maríz ke mufíd howe, isliye chaudah yá solah gaz lambá roller bahut bhári hotá hai. Jo ek splint ho to wuh ádh inch moṭá, chár angusht chaurá ho, aur is qadar lambá ki baḡhal se ek inch níche pánw ke talwe se pahunché. Usko sálim pánw par náp liyá jáwe aur ek gol suráḡh us men kiyá jáwe aur kináre uske káṭ diye jáwen ki erí us men utar jáwe táki usse kuchh dabáo na howe. Ṭúṭe hue uzv ke báhar kí taraf jo roller kí taraf howe uspar ḡhúb gaddí lagá dí jáwe; har sirá gaddí ká usí taraf ke splint ko ḡhúb tarah se lapetá jáwe, aur bad uske baahtiyát tamám wuh gaddí us splint ke sáth sí dí jáwe táki us men se wuh báhar na phisal jáwe. Is tarah splint ko tayár karke bándhe. Bímár ko jab ek gadele par liṭáwe aur hasab hidáyat mazkúre bálá us ke uzv ko roller bándh-

stitched to the splint, to prevent it slipping about. Thus prepared the splint is to be put on. The patient lies on his back on a mattrass, and the limb having been rolled, as already directed, the body is steadied by one person and the leg gently pulled down, as it rests on the heel with the toes upwards, by another, who grasps the ankle, till the sole is brought level with that of the sound limb, and there kept. The arm on the injured side is now moved away a little from the chest, a pad put into the arm-pit, and into the middle of this pad, the upper end of the padded splint is gently pushed, and there kept by a bandage, which had been previously turned round the splint, and tied on its outer side. The long ends of the bandage are then passed across the chest, behind and before, crossed on the opposite side, brought back again, and tied upon the splint. Another bandage, fastened to the splint in the same way, is in like manner to be passed round the hips, and tied also on the out side of the splint. The broken limb is now to be fastened to the splint, with a roller four inches wide, and about sixteen yards long tacked in lengths of six yards long. The outer side of the limb is first gently brought close to the splint, and the ankle having been well fitted into the hole made for it, the limb and splint are held firmly together by the hands of one person on the thigh, one hand above and the other below the broken part, and the leg also by another person, who grasps it and the splint just below the knee, whilst the person pulling at the ankle grasps it and the splint together, still continuing to draw. The person who puts on the bandage now passes it two or three times round the foot, across the instep, upon which it is to be carefully tacked through all the turns. This done, the bandage is passed over the splint, and round the ankle two or three times, then again down under the sole of the foot into the fork of the splint, across the instep, round the ankle again, over the instep, under the foot and the fork of the splint, and again round the ankle, so that in this way the bandage forms a figure of eight from the leg to the foot, the crossing of which is on the front of the ankle. Great care is required in putting on this part of the bandage, as upon it rests the whole scheme of the treatment which consists in preventing the lower end of the broken bone being pulled up over the upper end. The

kar ek shaḥṣ jism ko sídhá thánbe, aur ek shaḥṣ ṭaḥṭna pakre, wuh táng ko áhiste áhiste níche ko khínche jaise erí saḥarí játí hai, aur ungliyán úpar ko hotí hai aur klínchí jáwe jab tak ki talwá us táng ká achelihe pánw ke talwe ke hamwár ho jáwe. Mazrúb taraf se bándh ko zará chhátí kí taraf sarkáwe aur ek gaddí baghal men rakkhe, aur us gaddí ke bích men upar ká sirá gaddí lagáí huí splint ká áhiste áhiste pahuncháwe, aur us jagah ek paṭṭí se jo pahle splint par lipṭí huí thí dáb dewe aur báhar kí taraf se bándh dewe, aur lambe sire us paṭṭí ke áge aur píchlihe chhátí ke lákar aur sámhne kí taraf ek sire par guzarkar úpar splint ke bándhe jáwen; aur ek dúsrí paṭṭí usí tarah gird kúle ke lapetkar báhar kí taraf splint ke bándh dí jáwe. Túṭe hue uzv ko splint ke sáth bazariyah roller ke ki chár inch chaurá aur qaríb solah gaz lambá aur chhah chhah gaz ká lagá huá ho bándhá jáwe. Awwal báhar kí taraf se wuh uzv áhiste áhiste splint ke pás láyá jáwe, aur ṭaḥṭne ko darmiyán suráḥh ke ki pahlá kiyá gayá hai ḡhúb áṭe hue kar ke us uzv aur splint ko milákar jáng par háth rakhkar ḡhúb mazbút pakre, ek háth túṭe hue uzv ke úpar aur dúsrá níche howe, aur dúsrá ádmí táng ko pakre aur us táng aur splint ko níche ghuṭne ke thánbe, aur ek ádmí ṭaḥṭne ko khínch kar us ṭaḥṭne ko splint se miláwe, aur barábar khínchtá rahe. Aur jo shaḥṣ ki paṭṭí ko bándhe usko cháhiye ki do tín pher us ke pusht qadam se gird pánw ke dewe aur bad sab lapet us kí baahiyát tamám lapetí jáwen. Yih karke ek roller gird splint aur ṭaḥṭne ke do yá tín martabe lapete, badhú pánw ke talwe ke níche se splint ke kánṭe men se us ko guzáre aur úpar pusht qadam ke aur gird ṭaḥṭne ke lejákar yih us pusht qadam par se pánw ke níche lejákar us splint ke kánṭe men se nikálkar phir ṭaḥṭne ke gird lejáwe is tarah ki us paṭṭí kí bandish bashakal hindse áth angrezí ke táng se pánw tak ho jáwe aur sámhne ṭaḥṭne ke taqáṭa kare. Is paṭṭí ke bándhne men bahut ahtiyát karní lázim hai, isliye ki isí par kul tadbír iláj kí mauqúf hai : cháhiye ki níche ká sirá túṭí huí haddí ká upar ke sire par na khínchá jáwe. Úpar ká sirá splint ká baghal par saḥarkar qáim kiyá jáwe aur aisí bát men ziyádá tawajjah kí jáwe ki pánw aur ṭaḥṭne us ke níche ke sire par khínchkar miláyá jáwe aur is tarah se níche ká sirá túṭe hue sirá ustaḥwán shikasta ká uske úpar ke sire ke barábar rakkhá jáwe. Aur jab yih bandish ho chuke to sirf is qadar aur kám báqí rah játá hai ki táng aur jáng splint se is taur se bándhí jáwe ki roller ko us uzv aur splint

top end of the splint resting in the arm-pit being there fixed, the intention is to keep the foot and ankle fast to its lower end, and thus preserve the position of the lower end of the broken end of the broken bone against its upper end. When this has been done, it only remains to bind the leg and thigh to the splint, by carrying the roller up again and again over the limb and splint, each succeeding turn of the roller slightly overlapping the foregoing one, till the hip be reached, and then three or four turns are made round the splint and hips, and the finish put to the whole by tacking the bandage firmly together. The limb is now gently laid down upon the mattress with the toes upwards, and to prevent the foot lolling to either side, which would disturb the position of the broken bone, a bandage should be passed once or twice round the ankle, its ends crossed upon the instep, passed once or twice round the foot, tied on the instep, and then its ends fastened one to each of the sides of the bed. This bandage if properly applied will not require to be reapplied for a fortnight or three weeks. Sometimes it happens that for the first few days after the broken limb has been set, there will be spasm in the thigh, which pulls up the lower broken end over the upper, and by thrusting its sharp points into the soft parts keeps up the spasm. When this takes place, it must be prevented by weighting the foot sufficiently, which is easily done by passing a bandage once or twice round the ankle, bringing its ends across the instep to the sole of the foot, and slinging a brick or a seven-pound weight which must hang over the bed foot, to which a bit of board about inches high should be screwed, so as to form a pulley on which the bandage may run and play. Generally, the need for the weight ceases after three or four days, the muscles having then become tired.

TO USE FOUR SPLINTS.

Question.—When should a broken thigh be set with four splints ?

Answer.—If the accident happen at sea, or the person have to be moved from place to place, and liable to be shaken.

Q.—How do you apply the four thigh splints ?

A.—The principal splint is the outer one, which must be of the same length, and be fastened to the body, and to the foot and the

ko lapet diyá jáwe, har ek lapet se pahlá lapet thorá thorá dahlá jáwe jab tak ki bandish kúle tak pahunchhe, badhú tín chár splint aur kúle par lagáe jáweñ aur ákhir-ul-amar patí ko mazbút táñk dewen. Uzw ko áhiste áhiste gadele par ungliyán pánw kí upar karke rakkhí jáweñ, aur pánw ko kisé taraf jumbish na hone páwe, táki mauqa tútí huí haddí ke men kuchh harj wáqa na howe badhú ek patí se ek do lapet dekar takhne par bándhe, uske sire bamuqám pusht pá taqáta karte hue ek do martabe gird pánw ke lipat jáweñ aur níche se pusht par lákar un men girah lagáí jáweñ aur badhú us ke donoñ sire ek ek taraf chárpái ke bándh diye jáweñ. Agar yih bandish khúb bándhí jáwe to do hafte se pahle tak uskí phir kholkar bándhne kí zarúrat na hogí. Baz auqát aisá ittifáq ho játá hai, ki bad joñe túte hue uzv ke awwal ke chand roz tak basabab sarak jáne níche túte hue sire ke upar ke sire par jáng men chabak rahtí hai, kyunki us ke tez kináre muláyam azáe men chubte haiñ. Jab ki is taur se chabak láhaq howe to us ko is tarah rafa kiyá jáwe ki pánw par jis qadar káfí ho bojh diyá jáwe, aur us kí tarkíb yih hai ki ek lapet yá do lapet patí kí takhne ke gird dekar aur us kí pusht qadam ke upar se pánw ke talwe par lákar ek pech yá ek bánt bawazan sát pound yane sáre tín ser us men chárpái ke páye se latkáyá jáwe aur us páye par ek tukrá takhte ká takhminan ek inch únchá pech ke zariyah se jar diyá jáwe goyá ki ek charkhí kí súrat banáwe ki jis par wuh patí phirtí rahe. Bojh latkáne kí zarúrat tín chár roz bad mauquf ho játí hai jab ki pathe darmánde ho játe haiñ.

CHÁR SPLINT KE ISTAMÁL KÍ TARKIB.

Sawál.—Tútí huí jáng kí bandish chár splint se kis súrat men kí jáwe.

Jawáb.—Agar kisé shakhs kí táng shor daryá ke safar men tút jáwe, yá wuh shakhs ek muqám se दूसरे muqám ko harkat kiya cháhe aur wuh láiq harkat pahunchne ke ho.

S.—Chár splint wahán par kyunkar lagate haiñ ?

J.—Báhar ká splint bará splint mutsawwar hotá hai, wuh splint túl men us qadar hotá hai ki cháhiye ki mutábic hidáyat mundañe

ankle in the manner already mentioned, but the whole limb is not to be bandaged up till the other splints are put on. One splint should be put on the inside of the limb which must reach from the fork of the thighs, to an inch below the inside of the sole of the foot, with a round hole cut in it to receive the inside of the ankle. Its upper end should be tied first with a handkerchief round the upper part of the thigh, to keep it steady, and afterwards the lower end fastened to the ankle and foot, and to the outer splint, with the roller which had already begun to be used. Another splint should now be put at the back of the limb just where the buttock joins the top of the thigh, to about two inches above the heel, and this lower end of the splint should be hollowed out a little so as not to dig into the skin. Two or three turns of the roller will steady this, and then the last splint must be put on in front. This front splint must reach from about an inch below the crease which separates the bottom of the belly from the top of the thigh, to an inch above the bend of the ankle. At the part where this splint will be upon the knee-cap, three or four incisions must be made across it about half an inch apart, and nearly through its thickness, so that the splint will bow here, otherwise the pressure it makes upon the knee-cap will be unbearable. This splint having now been put on the front of the limb, the roller is to be continued round, and run up to the top of the thigh, covering all four splints at the same time. In this way the limb will be enclosed in a long box, and it is hardly possible without violence to displace it. Great care must be taken to inquire constantly during the progress of the cure whether the splints pinch or wring any particular part; the ankles are most commonly the parts so annoyed. Whenever the person complains of this, the bandage should be cut through a little above or below, and several turns of it having been taken off, some lint or other padding must be gently pushed in to relieve it, and then the roller replaced, and carefully sewed together where it had been cut through. It will be necessary that either of these splints should be continued for at least six weeks; and if, at the end of that time, on taking the splints off, the person cannot raise his leg a little clear of the bed, and, more especially, if the thigh be noticed to bend at the broken part, the union is not perfect, and they must be put on again, for three or four weeks more; but this is not often

bálá ke jism par aur pánw par aur takhne par bándhá jáwe, magar sáre uzv par bandish nahín kī jáwe jab tak ki báqí ke splint na lagáe jáwén. Ek splint andar kī taraf uzv ke lagáyá jáwe, aur jáng ke jangúse ke andar kī taraf talwe pánw se ek inch nícHe tak pahunché us men ek gol surákh kiyá jáwe táki takhná us men á jáwe. Us ká úpar ká sirá awwal rúmál se ás pás úpar ke sire jáng ke bándhá jáwe, táki wuh sídhá qáim rahe; aur bad us ke nícHe ká sirá takhne men aur pánw men aur báhar ke splint men bazariyah roller jisse bandish karní shurú kī ho bándhá jáwe. Ek splint aur uzv ke píchhe jis muqám par ki surín aur jáng ká joṛ wáqa hai eṛí ke do inch úpar tak lagáyá jáwe, aur nícHe ká sirá splint ká zará khálí kar liyá jáwe, táki jism ke post men na chubhe. Do tén lapet roller ke dekar us ko mazbút kar diyá jáwe, aur phir ákhir ká splint sámhne kī taraf bándhá jáwe. Yih splint sámhne ká ek inch nícHe shikam se ki darmiyán pendí shikam bích sire jáng ke wáqa hai ek inch úpar tak takhna ke kham ke pahunché. Jis muqám par ki yih splint ghutne kī chapní par howe tén chár lapet us jagah ádh inch ke fásle se qaríb us kī moṭú tak pahuncháwén táki splint us jagah kham khá jáwe, warne jo splint kī bandish se ghutne kī chapní par dabáo paregá us ká gawará karná mushkil hogá. Jab yih splint sámhne kī taraf uzv ke bandh chuke ek roller gird us ke lapetkar jáng ke sire tak pahuncháyá jáwe cháron splint ko barábar lapetá chalá jáwe. Is tarah se wuh uzv goyá ek lambe sandúq men mahsúr ho jáwegá, aur bidún zabardastí aur chírne ke uská ilahdah karná dushwár ho jáwegá. Is amar men ziyádah ihtiyát karní cháhiye ki is maáljah kī támíl men maríz se hamesha daryáft kar liyá jáwe ki splint kisí khús muqám par jism men chubhe yá us men kashish kare; is qism kī taklíf aksar takhne par huá kartí hai. Jab ki maríz is amar kī shikáyat kare, cháhiye ki bandish zará úpar yá nícHe ko kát dí jáwe, aur us kī lapet níkul kar kuchh lint kaprá yá aur qism kī gaddí áhiste áhiste us ke andar wáste taskín taklíf ke ghúsá dí jáwe, aur bad us ke roller phir bándh diyá jáwe, aur us ko jahán jahán se kátá gayá hai phir ikhatthá sí diyá jáwe. Yih bát zarúr hai ki in splint men se koí sá splint kam se kam chhah hafte tak bandhá rahe; agar is árese ke ákhir men barwaqt kholne splint ke wuh shaḥs chárpái se ilahdah apní táng ko zará bhí úthá na sake, aur khasúsan jáng us muqám se jahán tút gai thí kham khátí malúm ho, to jáná cháhiye ki joṛ khúb nahín milá,

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needed. Sometimes, though rarely, this straight posture cannot be borne, and it is necessary to place the limb, with the knee joint bent, over a double inclined plane.

Q.—How is the double inclined plane made?

A.—It consists of two boards half an inch thick, and two feet wide; one should reach from the sitting bone to the ham, and the other from the ham to an inch below the heel. They are then to be joined endways in such a manner as to form an angle, the ridge of which should be about six inches above the other ends of the boards, and prevented splaying by one or two braces at bottom. Some pegs are usually dropped into holes on each side of the broken limb, to prevent it slipping about. The broken thigh is now to be brought close to the sound one, and the knees and ankles having been tied with handkerchiefs, the knees are to be gently bent, the heels a little raised, and the inclined plane entirely covered with a large pad, six or eight folds of blanket thick, carefully pushed beneath them, which done, the limbs are gently dropped upon the plane. The further bandaging may be either simply tying the knees and ankles together with a pad between them as already described, or three short splints may be put on an outer one, extending from the top of the outside of the thigh to the outside of the knee; an inner one, from the fork of the thighs to the inside of the knee; and a front one, from a little below the crease of the groin to a little about the knee-cap. Three bandages or straps, guarded with a pad each, must be gently pushed beneath the thigh, where the pads are to be left to prevent cutting; and these ends of the bandages being brought out on the opposite side of the broken thigh, or tied each to its other end over the splints at the upper, lower, and middle parts of the thigh, as tightly as can be borne without pain.

BROKEN KNEE-CAP.

Question.—How does this accident usually occur?

Answer.—Sometimes by falling upon it, but more frequently by the effort made to prevent falling, in making a false step on the

us sūrat meṇ tīn chār hafte tak phir bāndhī jāwe, magar aksar aisī zarūrat nahīn huā kartī hai. Bāz auqāt agarche yih bāt bahut shāz hai ki aisī karī bandish marīz se sahārī nahīn jātī, us sūrat meṇ rakhnā uzv shikastā kā ghuṭne ke joṛ ko kham dekar us ke sāth ūpar dhalwān satah kī sūrat musallis par rakkhā jāwe.

S.—Wuh dhalwān satah bashakal musallis kyunkar bantā hai?

J.—Us meṇ do takhte ādh ādh inch mote aur do do foot chaurē lage hain, ek to joṛī huī haḍḍī se rān tak, aur dūsra rān se ek inch nīche tak eṛī ke. Bād us ke un ko sire kī taraf se aisā milāte hain ki ek zāwiya ban jātā hai, usī kī nok un takhton ke aur siron se chhah inch ūpar howe, aur nīche do tīn bandish lagākar usko sarakne se bāz rakkhā jāwe, donoṇ taraf se ṭūṭe hue uzv kī chand khunṭiyān banākar surākhon meṇ ghusā dī jāwen har ek ṭūṭe hue uzv ke, tāki us ko jumbish nā hone pāwe. Bād us ke ṭūṭī huī jāng sālīm jāng ke pās lāī jāwe aur ghuṭna aur ṭakhnon ko rūmāl se bāndhkar ghuṭnon ko āhiste āhiste jhukā dewe, aur eṛion ko zarā uṭhā de, aur us sāre dhalwāns satah par baṛī gaddī chhah yā āṭh tah kambal kī lagākar baahtiyāt nīche un ke sarkāī jāwe, yih karke azā ko āhiste āhiste satah par rakkhā jāwe. Bādhū sirif is taur bandish kī jāwe ki ghuṭna aur ṭakhna ko ek sāth unke bīch meṇ gaddī hasb hidāyet mazkūra bālā ghusākar bāndh diyā jāwe, yā tīn chhoṭe splint bāhar kī jāng ke sire se bāhar kī taraf ghuṭne tak, aur andar kā splint jāng ke jangāse ghuṭne ke andar tak aur āge kā splint jangāse kī shikan ke zarā nīche se ghuṭne kī chapnī ke zarā ūpar tak bāndhā jāwe. Tīn paṭṭiyān yā tasma gaddī lagī huī āhiste āhiste jāng ke andar jis muqām par wāste dafaṭan kaṭ jāne jism ke gaddī lagāte hain ghusāī jāwen, aur un ke sire ṭūṭī huī jāng ke sāmne nikālkar ek ek sirā apne apne dūsre sire ke sāth splint par ūpar kī taraf aur nīche kī taraf aur bīch meṇ jāng ke is qadar khainchkar bāndhe jāwen, jis qadar khinchāo bilā wāqā hone taklīf ke gawāra kiyā jāwe.

BAYÁN ṬŪṬ JĀNE HADDĪ CHAPNĪ GHUṬNA

Sawāl.—Aksar yih zarab kyunkar ā jātī hai?

Jawāb.—Bāz auqāt basabab ghuṭna ke bal girne se, magar aksar auqāt bawaqt koshish karne sambhalne meṇ beqāidah pair parne

stairs or in slipping off a foot-path : and immediately it is thus produced, the person drops like a shot, and when lifted up cannot stand on the limb of which the knee-cap is broken.

Q.—What are the signs in such an accident ?

A.—When after such a fall or slip, the person is incapable of bearing on that limb, and neither thigh nor leg be broken, and the movements of the hip, knee, and ankle are undisturbed, the knee is to be carefully looked at and felt. If this be done very soon after, and before much swelling comes on, there will be found, instead of the cap of the knee, a pit on the front of the joint about an inch and a half long into which the fingers immediately drop with the least pressure, above and below which will be found a bone, neither of which is so large as the knee-cap of the sound side, and which are much more moveable than it. These are, in fact, the two pieces, into which the bone is generally broken.

Q.—What is the proper treatment to be followed in such accidents ?

A.—The person must be put on his back in bed, with his head and body raised, so as to be in a half sitting posture. The thigh and leg are to be kept in the same straight line, and the foot and leg raised as high as can be conveniently borne, so that the whole limb bend upon the body at the hip joint. In this posture he is to be kept by a short sling, the upper part of which passes round his neck, and the lower round his foot and heel. In this way only can the broken pieces of bone be brought at all near together, for the muscles of the thigh pull up the upper piece and prevent it being drawn down, whilst the lower piece is so fixed to the shin bone, that it cannot move without moving that bone. The upper end of the bone is therefore left alone; but by bending the limb on the belly, the lower piece is brought up to or near it, and there kept by the sling. After the swelling, which is often very great, has gone down, generally at the end of a week, it is the common practice to put on one circular strap, or two or three turns of a roller upon the thigh immediately above where the upper piece of bone is felt, and sufficiently tight to prevent it slipping under. Another circular strap or roller is put in like manner upon the leg directly beneath the lower end. A couple of handkerchiefs tied

zīne par se yá phisal parne pair ke pagdandí par se chapní tūt jātí hai; jab ki chapní tūt jáwe to wuh shakhs is tarah gir partá hai jaise kisi ke golí lagí ho, aur jab us ko útháyá jáwe to us ghuṭne se jis kí chapní tūt gaí ho khará nahín ho saktá hai.

S.—Chapní tūtne ke ásár kyá hain?

J.—Jab ki bad isí tarah gir parne yá phisal parne ke wuh shakhs us ghuṭne par sahará dene qábil na howe, aur jáng aur táng na tūte aur harkat kúle aur ghuṭne aur ṭakhne kí men kuchh qabáhat wáqa na howe, to us súrat men ghuṭne ko dekhá jáwe aur ṭatolá jáwe. Agar filfaur aisá kiyá jáwe aur jab tak ki waram ziyádah na howe to bajái chapní ke us jagah joṛ ke sámhne derh inch lambá ghár maḷúm hogá us men unglí bilá dabao kisi naṭ ke utar jáwegí, uske úpar aur niche ek haddí maḷúm hogí, us men se koí haddí aisí barí hogí jaise ki sálim pánw kí chapní hai, aur wuh ziyádah mutharrik maḷúm hogí. Yih hí donon maḥsús ṭukre hain jin ke bích men haddí aksar tūt jātí hai.

S.—Aisí súrat men kyá maáljah karná munásib hai?

J.—Wuh shakhs píth ke bal se chárpaí par liṭáyá jáwe aur us ká sir aur jism zará únchá rakkhá jáwe kí ádhá baiṭhá maḷúm howe. Jáng aur táng ek hí khat-i-mustaḳím men rakkhe jáwen, aur pánw aur táng is qadar únche úṭhāe jáwen jis qadar úṭhāne men taklíf maḷúm na howe, is taur se kí sárí tūng jism par bamuqám joṛ kúle ke kham kháwe. Is súrat se jism ko bazariāh chhoṭe himáíl ke rakkhá jáwe, upar ká sirá gird gardan ke, aur niche ká sirá gird pánw aur erí ke guzará jáwe, sirif isí taur se párah hāe ustaḥwān shikaste jamā ho játe hain, jáng ke puṭṭhe úpar kí taraf khínchte hain, aur us ko niche kí taraf khínchne se báz rakhte hain, aur niche ká ṭukrá haddí ká pindlí kí haddí men aisá qáim hai kí bilá harkat dene us haddí ke us ko harkat nahín hotí. Is wáste úpar ká sirá haddí ká badastúr pará rahe, lekin jhukāne se us uzv ko úpar peṭ ke niche ká sirá us ke pás láyá jáwe, aur us jagah himáíl men rakh diyá jáwe. Jab ki waram jo ziyádah bāze auḡát ho jātá hai aur aksar arse ek hafte men rafā ho jātá hai, to ám dastúr yih hai kí ek mudawwar tasma yá do tín pech roller ke jáng par us muqám se zará upar jahán úpar ká sirá haddí ká maḷúm hotá hai bándhe jáwen, aur is qadar khínch diye jáwen kí phisal parne se mahfúz rahe, aur ek दूसरा mudawwar tasma yá roller usí tarah se táng par durustí se

round these parts will answer the same purpose. These two circular bandages are now brought together, the upper one drawing down with it the upper piece of bone a little, by tapes, one from the other, and tied on each side of the knee. This posture and bandaging requires to be kept up about a month, when it may be removed. When the person first gets up, he is not very well able to bend his knee, which he finds very weak, his leg unable to support his weight, and that it cannot be thrown forward with steadiness and safety in stepping forwards.

Q.—What is the reason of this unsteadiness ?

A.—It arises from the substance by which the broken bone is united, stretching, and if this stretching be great, as it occasionally is to several inches, he becomes quite lame and incapable of standing in consequence of the muscles which brace the leg to the thigh becoming lax by the lengthening of the new substance, allowing the upper part of the knee-cap to which they are fixed to rise above its proper place.

Q.—How is this laxity of the muscles to be overcome ?

A.—The person must sit upon a high table with his leg hanging over just clear of the knee, and then must swing it backwards and forwards till he can raise it straight with his thigh. When able to do this he must fasten a pound or two-pound weight to his foot and proceed as before. After which the weight is to be increased once or twice. Ten days or a fortnight's practice in this way will put the muscles to rights, enable them to brace the knee properly, keep it straight to support the body, and also throw the leg forward so as to render the person capable of walking safely.

BROKEN LEG.

Question.—How would you treat a broken leg ?

Answer.—It is better to wait four or five days after the accident to allow any swelling to subside before splints are applied. During this time, the leg should be laid on its outside, upon a pillow with the toes and a little raised by a pad placed beneath the outside of the foot near the little toe, and the knee should be half bent,

níche ke sire par lapetá jáwe, yá do rúmál in azá ke gird lapetē jáweñ to un se bhí kám chal jáwegá. Yih donon mudawwar bandishen bazariah fite ke pás pás láí jáweñ, upar kí bandish se úpar ká sirá haddí ká zará níche ko jhuk jáwegá, aur har taraf ghuṭne ke bándh diye jáweñ. Yih waza aur bandishen qaríb ek mahíne tak qáim rahen, aur bad ek máh khol diye jáweñ. Jab ki wuh shaḡhs awwal uṭhtá hai to apne ghuṭne ko baḡhúbí jhuká nahín saktá, wuh ghuṭná us ko bahut kamzor maḡlúm hotá hai, aur uskí táng us ká bojh saharne kí qábil nahín hotí, aur baistihkám áge nahín rakkhí játí, aur baitmínán qadam áge nahín baḡháyá játá.

S.—Is beqaimí kí wajjah kyá hai?

J.—Basabab phail jáne us medeh ke ki jis se ustaḡhwán shikasta jur játí hai, aur agar yih phailáo ziyádah ho jisse aksar kaí inch tak ho játá hai, tab wuh shaḡhs bilkul langrá ho játá hai, khare hone ki qábil nahín rahtá, is wáste ki jin puttḡhon se táng jáng ke sáth khinchí huí hai basabab phail jáne medeh ke dhíle ho játe hain, aur uṭhne men jhaṭ úpar ká hissá chapní ká jis men kí weh puttḡhe lage hue hain mamúlí jagah se ziyádah uṭh játá hai.

S.—Dhíla honá puttḡhon ká kyunkar rafa kiyá jáwe?

J.—Us shaḡhs ko cháhiye ki buland takht par baithe, aur apní táng ghuṭne se ilahdah níche laṭká de, aur áge aur píchhe kí taraf us ko harkat detá rahe jab tak kí us ko jáng ke sáth sídhá na uṭhá sake; jaisá ki aisá karne qábil ho jáwe us waqt ádh ser yá ser bhar bojh apne páñw men bándh lewe aur badastúr sábiq phir harkat dená shurú kare; phir us wazan ko ek do martaba ziyádah kar lewe. Das pandrah din tak aisá karne se us ke puttḡhe durúst ho jáwenge aur ghuṭne kí bandish un se ḡhúb ho jáwegí aur sídhe hokar qábil saharne jism ke ho jáwenge, aur táng áge phailne lage aur wuh shaḡhs baitmínán chalne lagegá.

BAYÁN TÚTÍ HUÍ TÁNG KÁ.

Sawál.—Tútí huí táng ká kyá iláj kiyá jáwe?

Jawáb.—Munásib yih hai kí char páñch roz tak yá kam hone warm ke wáste bándhne splint ke intizár kiyá jáwe. Is arsaḡh men táng báhar kí taraf se ek takiya par rakkhí jáwe, aur ek gaddí báhar páñw kí unglion ke ki jis se chhoṭí unglí zará uṭhí rahen níche báhar kí taraf páñw ke pás chhoṭí unglion ke lagá den, aur ghuṭne

Before putting on the roller, the foot and the leg must be wrapped smoothly in a double fold of lint, otherwise the bandage, wet with a thick solution of gum, will stick to the hairs, and there will be much difficulty in getting the roller off afterwards. This done, the leg must be gently raised, and supported by two persons, one of whom holds it above the broken part, and the other below, with one hand around the ankle, by which a little pull is to be made, so as to prevent the broken ends of the bone overlapping. The roller is then to be put on, turning it first round the middle of the foot, and continuing it over the instep and heel on to the leg and up to the knee, taking care that each turn of the roller half covers the one just made. Having reached the knee, the roller must be turned round the leg in the same way downwards to the middle of the foot, and again upwards to the knee, and there left. The limb is then laid down on its outside upon a smooth pillow as before, and the front of the foot supported to such height, that the tip of the great toe and the knee-cap are on the same level. Care also must be taken that the leg should be put as nearly as possible in the same direction, as it would lie if it were unbroken. In course of twenty-four or thirty-six hours the roller will have dried, and a firm close fitting case is formed, in which the leg will be immoveable. When the bandage is hard and firm, usually about the third day, the person may get up and move about. Sometimes it may be necessary to take the bandage off and re-roll it, if it pinch anywhere, or if, by shrinking of the soft parts, it get very loose, but usually it does not require to be meddled with till the end of the month, when it may be entirely removed. If splints be used, two are required, three or four fingers in width, according to the size of the leg, and reaching from the knee to the sole of the foot, each having a circular hole cut out where they will rest against the ankle. The splints having been thickly padded, the leg, placed as already directed with the knee bent, is to be gently raised, and one splint slipped beneath it along the outside of the leg; the other is laid upon the inside, and then both are fixed by winding a roller around them from the foot to the knee. The leg resting on the outside with the knee bent, is generally the best and the easiest position. Sometimes the broken ends of the bones will not drop into their proper place, or will not

ko ádhá kham diyá jáwe. Qabl az lagáne roller ke pánw aur táng par safáí se dolrá kaprá lint ká lapetá jáwe, warna patí ko gárhe solution gond men tar karke bándhí jáwen, jo ki bálon par chipat jáwegí, aur roller ke iláhda karnemen barí diqqat hogí. Aisákarke táng ko zará únchá utháyá jáwe, aur do ádmí usko thánbe rahen, ek tau ádmí túte hue muqám se úpar pakre, aur dúsrá níche se, aur ek háth apná ás pás takhne ke rakkhe, aur use zará khenchta rahe, táki túte hue sire hadqí ke lipat na jáwen. Badhú roller bándhá jáwe, awwal usko pánw ke ás pás bích men lapetkar pusht qadam aur erí tak táng men aur ghuṭna tak lapetá jáwe, magar yih ihtiyát rahe ki har lapet se pahlá lapet nisf dabtá rahe. Ghuṭna tak pahunchákar roller táng ke gird usí taur se níche kí taraf pánw ke bích tak lapetá jáwe, aur phir úpar ghuṭna tak lapetkar chhor diyá jáwe. Uzw ko báhar kí taraf sáf takiya par pahlí dafa ke muwáfiq rakkhe, aur pánw sámhne se aisí bulandí par sahára jáwe ki pánw ke angúṭhe kí nok aur ghuṭne kí chapní ek khat men hamwár ho jáwen; aur yih ihtiyát rahe ki táng⁶ hatt-ul-imkán qaríb qaríb is waza se rakkhí jáwe ki jaise us súrat men rahe jab us men kuchh zarab na pahunchí ho. Chaubís yá chhabbís ghanṭe men roller khushk ho jáwegá, aur ek mazbút táng khána sá ban⁷ jáwegá ki jis men táng ko jumbish na ho sakegí. Jabkí bandish saḡht aur mazbút howe, aksar tísre roz us shaḡhs ko cháhiye ki uṭhe aur chale phire. Baz auqát zarúrat kholne roller kí aur uske phir bándhne kí ho játí hai, jab ki kahín bhínch jáwe yá haṭ jáwe azái muláyam se, yá lapet dhíla ho jáwe, magar aksar ek mahíne ke ákhír tak uske chherne kí alitiyáj nahín hogí; bad ek mahíne ke usko bilkul khol dálte hain. Agar istamál splint ká kiyá jáwe to do splint cháhiyen ki tén yá chahár ungal chaure mutábíq túl ke hon, aur ghuṭne se pánw ke talwe tak pahunchen, har ek ek ek gol surákh katá howe, ki jahán se splint takhne par saháre jáwen. Splint par moṭí gaddí lagákar aur táng hasb hidáyat mazkúrah bálá ghuṭne ko kham dekar rakkhí jáwe, aur usko zará únchá utháyá jáwe, aur dúsrá splint andar kí taraf lagáyá jáwe, aur uske bad pánw se ghuṭne tak roll bándhkar donon ko khench diyá jáwe. Táng ko báhar kí taraf aur sahára dekar ghuṭne ko jhuka huá rakkhe, aksar bahut bahtar aur árámбахsh waza tajwíz huí hai, baz auqát túte hue sire hadqí ke apní apní jái munásib men nahín wasl hote hain, aur yá is tarah táng ko rakhne se us muqám par qáyam

so remain when the leg is thus laid. It then becomes necessary to put the limb straight and resting on the heel; and if there be still any disposition in the broken ends of the bone to stick up, it will be necessary to weight the foot, as directed in the treatment of broken thigh, for a few days, till the disposition of the muscles to drag up the lower part of the bone ceases.

ON BROKEN TOES.

Question.—What usually takes place when the toes are broken ?

Answer.—Toes are rarely broken without severe injury of the soft parts, and excepting in the first joints of the great toe, and that next to it, can only be discovered with difficulty.

Q.—What is the treatment to be followed in such an accident ?

A.—A piece of thick paste-board may be placed on the under surface of the toe, and fastened to it with a few turns of a narrow roller, the patient being kept quiet on his bed or sofa.

COMPOUND FRACTURES.

Question.—What is meant by a compound fracture ?

Answer.—Broken bones, with wounds of the soft parts running down to them.

Q.—Are accidents of this nature considered dangerous ?

A.—Yes, and they are serious in proportion to the size of the wound, and the tearing and bruising of the soft parts. A compound fracture is most dangerous when a joint is involved in it. It is more serious in the lower than in the upper limbs, is more to be dreaded in the thigh than in the leg, and more in the arm above the elbow than below it.

Q.—What is the treatment to be adopted in such cases ?

A.—The great object is to make the accident a simple fracture by healing the wound as quickly as possible, which in the thigh

nahín rahte. Us súrāt men zarúr partá hai ki us uzv ko sídhá rak-
khá jáwe, aur erí par sahárá diyá jáwe; agar phir bhí túte hue sire
haddí ke thikána na baithen, tau us hálāt men zarúr hai ki hasb
hidáyat mundarjah maáljah jáng shikasta páñw par chand roz tak
bojh bándhá jáwe, jab ki ek mílán puttá darbáb khinchne níche
ke sire haddion ke mauqúf na ho jáwe.

BYÁN TÚT JÁNE UNGLÍ PÁNŴ KÁ.

Sawál.—Jab páñw kí unglí tút jáwe us súrāt men kyá hál hotá hai?

Jawáb.—Jab tak ki páñw ke muláyam ázá men zarab na pahunchē tab tak unglí nahín túttí, aur angúthe ke pahle joṛ aur wuh joṛ ki us ke muttasil hotá hai us ke siwá patthá us zarab ká badushwárí ma'lúm hotá hai.

S.—Aisí zarab ke pahunchne men kyá iláj kiyá jáwe?

J.—Ek tukrá motí waslí ká unglí ke andar ke satah par lagáya jáwe, aur kamchauṛí roller ke chand lapet dekar us men bándh diyá jáwe. Aur bímár ko behis aur harkat chárpaí yá takhtposh par rakkhá jáwe.

BAYÁN TÚT JÁNE HARDO HADDÍ YÁNE MURÁKKAB KÁ.

Sawál.—Shikastagí murakkab kis ko kahte hain?

Jawáb.—Jab donon haddí tút jáwen aur naram azá men us jagah tak zaḥm ho jáwe.

S.—Is qism kí zarben kuchh khatarnák hotí hain?

J.—Filwáqā jis qadar bará zaḥm ho jáwe aur azái naram phat jáwen yá pis jáwen us qadar ziyádah khatar hotá hai, shikastagí murakkab us súrāt men ziyádah khatarnák hotí hai, jab koí mufásil us men ájátá hai, wáqā honá shikastagí murakkab ká úpar ke uzv men nisbat níche ke uzv ke ziyádah khatarnák hai, jáng banisbat táng ke, kohní se úpar ke háth men nisbat kohní se níche ke háth men aisí zarab pahunchne se ziyádah khauf karná cháhiye.

S.—Aisí súrāt men kyá iláj kiyá jáwe?

J.—Barí murád yih hai ki shikastagí murakkab ko jis qadar jald mumkin ho zaḥm ko indamál karke ki jáng kí súrāt men

especially is very difficult. In all cases it must be at first attempted to unite the edges of the wound by bringing them lightly together with strips of sticking plaster, and the limb should be covered with a light cold wet linen cloth, which must be repeatedly moistened by squeezing a wet sponge over it or by sprinkling it with water, as, by evaporation, it becomes dry.

Q.—What is the object of this ?

A.—To regulate the inflammation which generally ensues, and is more or less severe.

Q.—How is the evaporation kept up ?

A.—The bed clothes are kept away from the limb by putting a cradle across it, over which the sheet alone should lie, care being taken, at the same time, that the edge of the sheet should be lifted up in two or three places so that there may be a current of air, otherwise the limb will be kept in a steam bath, and damaged rather than relieved. The use of a cradle is necessary only for the thigh or leg. The arm can lie on a pillow uncovered by the bed clothes.

Q.—Describe the state the patient generally at first falls into.

A.—Three or four days after the injury, the patient begins to get fidgetty, cannot sleep, or only gets short and disturbed sleep. He soon begins to be hot and thirsty ; his head aches, he becomes more restless, has one or more shivering fits, and usually becomes worse towards evening ; his mind wanders, or he even becomes delirious. The wound begins to discharge at first a dirty bloody sort of matter in small quantity, which by degrees increases, and if things go on well, changes its character to that of good matter, which is free from smell, about as thick as cream, and of a straw color. With the appearance of such matter the symptoms mentioned soon subside, the fever goes off, the sleep and appetite return.

Q.—Describe the second stage.

A.—In this stage the process called granulation commences, which is the formation of new flesh to fill up the gap formed by the injury, to pass through, before the broken ends of the bone can begin to knit together. This is a very perilous stage in the cure of the accident ; for persons whose health has been broken

khasúsan yih amar bahut muhál hai, har ek súrāt meṇ awwal yih tadbír kī jáwe kī bazariāh pháye sticking plaster ke zaḡhmon ke kināre áhiste áhiste milāe jáweṇ, aur uzv shikasta par kaprá linen ká lapetá jáwe, sponge ko bhigokar us par mutwátir pání nichoṛte rahen, zerá kī basabab urne pání ke wuh kaprá khuslík hojátá hai.

S.—Is se kyá faidah mutsawwar hai?

J.—Wáste iqtḍál sozish ke kī aksar ho játí hai aur shiddat us kī kam aur besh hotí rahtí hai.

S.—Ikhráj bukhár kis tarah jári rakkhá jáwe?

J.—Chárpái ke kapre us uzv se iláhdā rakkhe jáweṇ, aur ek cradle yāne lakṛí ká sarposh rakh kar wuh uzv us par rakkhá jáwe, cradle mazkúr par sirif ek chādar bichháí jáwe, aur yih ihtiyát rahe kī kināre us chādar ke kaí jagah se únche uṭhāe jáweṇ táki hawá hamesha us meṇ ko átí rahe, warna wuh uzv goyá hammám bukhár meṇ rahegá, aur banisbat árām hone ke zarar pahunḡhegá, istāmál cradle ká sirif wáste jáng aur tūng ke zarúr hai; háth ek takiya par rakkhá rahe, magar kaprá us par na hoṛe.

S.—Bayán karo kī awwal bímár kī kyá hálāt hotí hai?

J.—Wuh shaḡhs beqarār hone lagtá hai, us ko nīnd nahīn átí, agar átí hai to kḡháfif, aur aisí kī us meṇ bekal rahtá hai, aur jalan, garmí, aur tishnagí us par ghálib hotí hai, sir dard hone lagtá hai, iztaráb ziyádah hotá játá hai, ek yá ziyádah martabah larza chaḡh átá hai, aur jiun jiun shám hotí átí hai, us kī hálāt bigarṭí játí hai, us ká dil bhaṭakne lagta hai, aur balki hálāt hiziyān ho játí hai, zaḡhm meṇ se awwal thoṛá thoṛá mailá kḡhún qism mawád nikalne lagtá hai, aur batadríj ziyádah hotá játá hai, aur agar súrāt bihtarí kī maḡlúm ho, to wuh mawád mubaddil hotá hai basúrāt achchhe píb ke, aur badbú us meṇ nahīn rahtí, aur misl maláí ke ho játá hai, aur rangat us kī misl ghás ke ho játí hai, aise mawád ke nikalne se ásar mazkúra bálá bhí rafa ho játe hain, aur bukhár játá rahtá hai, aur ishtahá aur nīnd bahálat aslí ho játí hain.

S.—Darjah doyam ká hál bayán karo?

J.—Is hálāt meṇ wuh tarkíb shurú hotí hai jis ko granulation yaṇí paidá honá naye gosht ká aur indamál honá surákh zaḡhm ká jo basabab zarab ke ho játá hai, pahle isse kī tūte hue sire haddion ke ápas meṇ wasl hone lagen, aur yih hai ek bahut achchhí hálāt maájljah karne meṇ, aur yih darjah bahut kḡhatarnák hai un logon

by intemperance, age, or any other cause, and if the injury have been to the lower limb, they most commonly die, unless the limb be cut off, and even this is a very uncertain remedy. If the constitution fail in this second stage, the feverish condition again sets in, the pulse becomes quick and weak, the countenance flushed with pink, alternate heat and violent perspiration, general wasting of the body, loss of appetite, dry brown tongue, restlessness, soon followed by delirium and death.

Q.—Directly the constitutional disturbance begins what should you do ?

A.—Poultice the wound, to encourage the formation of matter, as its appearance and production of a good sort, is, as has been mentioned, a very favorable symptom; the poultice must be continued until the wound is nearly or entirely healed.

Q.—Describe the medical treatment to be followed in the two stages.

A.—In the first stage, when the inflammatory condition is accompanied with strength, it will require checking with occasional doses of calomel and tartar emetic, which, however, must be employed with great discretion, as not unfrequently, and if the case go on badly, after three or four days, the symptoms assume a typhoid character, and instead of depressing the constitution, it will require support with wine and other stimulants, or the patient sinks at once. In the second stage, the inflammatory stage is of that kind depending on exhaustion, and then at once the constitution requires to be assisted by every thing which will prop up and strengthen it, wine, brandy, and strong nourishing broth, or nourishing easily digested food must be given often in very considerable quantities.

DISLOCATIONS.

Question.—What is the meaning of a dislocation ?

Answer.—When a limb or part of a limb slips out of its socket or joint, it is said to be dislocated.

ke haq men jin ki ki umed zindagi munqata ho gai ho, basabab zaifi umr ke, ya digar wajah ke kamzor aur kharab ho gai ho, aur agar zarab niche ki uzv men pahunchhe to darsurat na katne us uzv ke wuh shakhs aksar mar jata hai, aur aisi tadbir yane katne se kuchh iatbar sihat mutsawwar nahin. Agar tabiat is darje doyam men bigar jawe to surat bukhari phir galib hoti hai, harkat nabz tez aur zaif ho jati hai, chihrah tamtamaya hua basiyahi mail ho jata hai, garmi aur pasine bari bari se lahaq ho jate hain, sara badan dubla hota jata hai, ishtaha rafa ho jati hai, zuban khushk aur bhuri ho jati hai, beqarari aur us ke piche hiziyani lahaq hota hai, aur badhu mariz mar jata hai.

S.—Jis waqt ki tabiat men khalal waga hone lage, ky karna munasib hai?

J.—Zakhm par poultice lagai jawe taki paidaish pib ziyadah howe, zera ki namud hone aur paida hone achchi qism ki pib se jaisa ki upar zikar hua, asar nek zahir hote hain, istamal poultice ka jari rahe, jab tak ki zakhm qarib qarib ya bilkul indamal pawe.

S.—Ky ky dawaa har do darje marz men istamal ki jayen?

J.—Awwal darje men jab ki halat sozish bahut zor ke sath lahaq hoti hai rokn us ka kabhi kabhi bazariha istamal karne calomel aur tartar emetic ke munasib hai, magar is ke istamal men bahut hoshiyari chahiye, ka martabah istamal un ka kiy jawe, agar surat mariz bad tin char roz ke badtar hoti jawegi, to marz ka khawas typhoid ho jawega, aur baja zauf karne tabiat ke zarurat us ki saharne ke bazariha istamal sharab aur digar mufarraha adwiyat ke ho jawegi, warna mariz dafatan jan bahaq ho jawega. Darjah doyam men sozish ka martabah us qism ka hota hai, jis se taqat zail ho jati hai, to us surat men aisi chizon ke istamal se tabiat ki madad ki jawe, ki jis se tabiat mustahkim ho jawe, aur quwwat ziyadah ho jawe, sharab aur brandy, aur qawi taqat bakhs, ya taqat bakhs hazam hone wali khurak aksar kasrat ke sath di jawe.

BAYAN UKHAR JANE JORON KA.

Sawdl.—Mufasil ka ukharna kis ko kahte hain?

Jawab.—Jab ki koi uzv ya jor apne khana se ya jor se phisal jawe, us ko ukharna mufasil ka kahte hain.

Q.—What joints are most apt to be dislocated ?

A.—The loose joints which admit of motion in every direction, as the shoulder and hip joints ; while those which move like a hinge, as the elbow and knee joint, are more rarely dislocated, and require an unusual degree of violence to accomplish it.

Q.—In what direction may a round headed bone be dislocated ?

A.—It may be pushed backward, forward, upward, downward, or in any part of the circumference.

Q.—How may other kind of joints be dislocated ?

A.—Backward, forward, or to either side.

Q.—How is a bone known to be dislocated ?

A.—By there being a loss of the usual motion in the joint, by the limb being altered in its length or distorted, by there being great pain in the surrounding parts, and this pain increased on motion or pressure.

Q.—What are the causes of dislocation ?

A.—They are either internal or external ; the internal causes are diseases of the joint or its appendages, relaxation of the ligaments or articular cavities. A white swelling sometimes partially dislocates the knee, and scrophula the hip joint. External causes of dislocation are such as blows, falls, violent wrenches or twists.

Q.—How is a dislocation known to be reduced ?

A.—By the limb recovering its natural length, shape, and direction, and by the patient being able to perform certain motions which he could not do when the bone was out of its place. There is a great and sudden diminution of pain, and sometimes the bone is heard to give a loud crack when going into its natural position.

Q.—After a dislocated bone is reduced, is there occasion for any further trouble ?

A.—Care must be taken to prevent a recurrence of the accident, by retaining the limb steady by appropriate bandages, which should be put as far as possible from the centre of motion. To the ankle and wrist splints may sometimes be necessary. After laxation of the shoulder joint, the arm is to be kept in a sling. If there is

S.—Kaun kaun se mufásil aksar ukhar jáyá karte hai?

J.—Dhíle mufásil ki jin men har jánib ko harkat ho saktí hai, wehí aksar ukhar játe hai, maslan kandhá aur kúlá, aur wuh mufásil ki jis kí harkat misl kabze ke hotí hai, jaise ki mufásil kohní aur ghuṭṭa ye bahut kam ukhar te hai, aur us kám ke anjám karne men basabab mamúlí ke ziyádah zor darkár hotá hai.

S.—Gol sire kí haḍḍí kis simt se ukhar játí hai?

J.—Áge, yá píchhe, yá upar, yá níche kí taraf yá bích men se kisé taraf sarak játí hai.

S.—Aur mufásil kis tarah utar játe hai?

J.—Áge, yá píchhe, yá donoṁ taraf se.

S.—Kyunkar daryáft kiyá jáwe kí haḍḍí ukhar gaí hai?

J.—Mufásil mazkúr men basabab mamúlí ke harkat kam ho játí hai, aur us uzv ke túl men faraq par játá hai, yá us uzv men kaj wáqā hotá hai, ás pás ke azá men bahut dard hone lagtá hai, aur wuh dard dabáne yá harkat karne se ziyádah hotá hai.

S.—Sabab ukhar jáne mufásil ke kyá hai?

J.—Yá to koí sabab andrúní hotá hai yá berúní. Mufásil yá mutálaqát mufásil, dhíle hone patṭhe yá articular cavity ká árzá andrúní men dákhil hai, wáqā honá waram sufed ká baz auqát ghuṭṭa ke mufásil ko kuchh ek ukhar detá hai, aur wáqā honá kanṭhmálá ká kúle ke mufásil ko berúní sabab ukharne mufásil ke sadma aur gir parná aur jhaṭak yá moch shadíd mutsawwar hotí hai.

S.—Kis tarah maḷúm howe kí mufásil ukhrá huá durust ho gayá?

J.—Uzv kí harkat aur wasat aur simt bahálat aslí ho játí hai, aur maríz baz harkat ke bahálat ukhar jáne ustaḥwán us se nahín ho saktí thí, karne lagtá hai, dard dafatan bahut kam ho játá hai, aur baze auqát jab haḍḍí apne ṭhikáne men játí hai to us men seek zor kí áwáz nikaltí hai.

S.—Jab kí ukhrí huí haḍḍí wasl ho játí hai, to kuchh aur bhí diqqat karne partí hai yá nahín?

J.—Ukhrí huí haḍḍí ṭhikáne baith jáwe, ahtiyát is amar kí kí jáwe kí phir na ukhar jáwe, isliye lázim hai kí uzv ko bazariáh bandish munásib, aur wuh bandish ke jis qadar sídhá qáim rakkhá jáwe, aur mumkin ko, us qadar fásile par rakkhar harkat se lagáí jáwe. Baz auqát ṭakhne aur kaláí men splint bándhne kí zarúrat

any appearance of inflammation or swelling taking place from the accident, or from the force employed in reduction, a cold lotion is to be kept to the place, and even leeches may be necessary, with a saline purgative.

Q.—What is the meaning of a compound dislocation ?

A.—Compound laxations are those which are attended with a wound communicating with the cavities of the injured joints.

Q.—Is there any danger attending compound laxations ?

A.—They are often attended with very great danger; the reduction must be effected as gently and as quickly as possible. The wound is to be cleared from dirt or any extraneous matter, and its lips are to be brought together by adhesive plaster. The limb is to be bound with the proper splints and bandages, and to be kept cool by refrigerant lotions, and if there is much constitutional excitement, bleeding large and general, is to be put in practice. Saline draughts and antimonial medicines must be resorted to, if febrile symptoms present themselves, and purgatives also, provided they do not subject the patient to too much motion of the injured part.

Q.—What are the signs usually of a favorable termination of the injury ?

A.—The febrile symptoms abating, and the local inflammation not running to any great extent.

Q.—What are the unfavorable signs ?

A.—Violent inflammation attacking the joint followed by supuration, and all the dangers and symptoms of hectic fever.

DISLOCATION OF THE JAW.

Question.—What are the signs of a dislocated jaw, and how does it usually occur ?

Answer.—It mostly takes place in gaping, when the lower jaw being violently and quickly drawn down, its joint ends slip from their sockets, and the jaw becomes firmly fixed, keeping the mouth wide open. The face in consequence is lengthened considerably: the expression altered and vacant, the power of speaking lost; and any attempt at utterance producing only strange and incom-

hotí hai, ki bad utar jáne mufásil kandhe ke háth ko himáil men rakkhá jáwe; agar kuchh sozish yá waram basabab is sadma ke yá charháne ke waqt zor pahunchne se namúd ho áwe to thandá lotion us jagah par lagáya jáwe, ya jonken lagáí jáwen, aur julláb namak ká liyá jáwe.

S.—Compound dislocation se kyá murád hai ?

J.—Compound dislocation se murád yih hai ki mufásil ukhre hue ke surákhon tak zakhm ho jáwe.

S.—Compound dislocation men kuchh bará khatrá bhí ho játá hai ?

J.—Bárháise maámle men bahut bará khatrá ho játá hai, jis qadar sahuiliyat aur shitábi se mumkin ho; us uzv ko charhá diyá jáwe zakhm ko matí yá dígar medeh berúni se sáf kiyá jáwe, aur kináre zakhmon ke bazariyah chipaknewále marham se miláe jáwen; uzv ko splint aur patí hée munásib se bándhá jáwe, aur thandá lotion lagákar us ko thandá rakkhen; agar tabíat maríz qawí ki hai to am aur ziyádah ikhráj khún kí tadbír kí jáwe. Saline draughts yane namkín pání aur antimonial adwiyát darsúrat nafnúd hone ásár bukhár ke istamál kí jáwen aur múshil bhí diyá jáwe, is wáste ki bímár ke ukhre hue jo par ziyádah harkat na pahunchen.

S.—Súrat bihtarí kí is hálát men kyá hotí hai ?

J.—Alámat bukhár kam aur sozish khún bhí kam hona.

S.—Alámat raddí is marz kí kyá hotí hai ?

J.—Jab ki jo par sozish shadíd ho jáwe, aur us ke bad pakáo ho jáwe, aur khatra aur alámaten hectic bukhár kí namúd hoven.

BAYÁN JABRE KE UKHAR JÁNE KÁ.

Sawál.—Ukhre hue jabre ke ásár aur us ke ukharne kí mamúli wajahat kyá hai ?

Jawáb.—Jabrá aksar jambháí lene men utar játá hai, jab kí niche ká jabrá zor se aur shitábi se niche utre us ke jo ke sire khána men se nikal játe hai, aur jabrá qáim rah játá hai, aur munh khulá rah játá hai. Is báis se chihrah bahut lambá ho játá hai, guftgú badal játí hai, aur khálí áwáz nikaltí hai, qúwwat nátiqá játí rahtí hai, aur jo wuh shakhs bolne ká irádah kare to ajíb áwáz na

prehensible noises, and the oddest contortions of the countenance possible by the various shifts the person employs in endeavoring to make himself understood.

Q.—How is a dislocated jaw reduced ?

A.—The patient being seated on the floor, and his head resting against the operator's knees, who stands behind him, two pieces of hard wood about the same size, or the handles of two forks, are to be passed into the mouth one at each corner, and to be pressed back as far as they will go, between the back teeth on each side and there held by another person. The operator then bending over the patient, and passing his own fingers between one another so as to make a loop of both hands, places them under the chin, and pulls it up so as to close the mouth. As this is doing, the joint ends of the jaw bones are made to descend, and as soon as they reach the edge of their sockets, are pulled into place, and the dislocation is reduced. Care must be taken that the pulling up of the chin be made level, and that the pieces of wood or fork handles both retain their place, otherwise if it be unequal, or one of the forks slip, only one side of the jaw goes in, and very commonly in attempting to reduce the other, it slips out again, as this is often repeated several times to the equal vexation of the doctor and patient. When this accident occurs the first time, the jaw should be kept closed for two or three days, by passing a bandage once or twice round the top of the head and under the chin; and the person should be advised to be cautious how he laugh or yawn too widely, as when the jaw has once slipped out, it readily does so again in either of these actions.

DISLOCATION OF THE ARM INTO THE ARM-PIT.

Question.—What are the signs of a person having dislocated his arm into the arm pit ?

Answer.—He is incapable of getting his elbow close to his side or of raising it to a level with his shoulder.

Q.—How is such a dislocation commonly reduced ?

A.—The patient and the person who is to pull the arm into place both lie down on the floor side by side but in contrary direc-

samajhne qábil misl ghul ke nikaltí hai, aur hatt-ul-wasā chihrah men ajab tarah kí salwat dālkar anwá anwá kí tadbír se wuh shaḡhs dúsre ko apná manshá-i-mafhúm karne men saí kartá hai.

S.—Ukhre hue jabre ke charháne ke liye kyá tadbír kí jáwe?

J.—Maríz ko farsh par biṭháyá jáwe, aur us ká jabrá charháne-wále ke ghutna par kí wuh píchhe khará howe rakkhá jáwe, do barábar ṭukre saḡht lakrí ke yá do kánṭon ke daste munh ke har ek kone men ghusáe jáwen, aur donon taraf pichhle dánṭon men ko jahán tak já saken jáne dekar ek ádmí ke háth men pakrá dewen. Maálij us waqt maríz ke úpar jhukkar aur apní ungliyán ápas men gánṭh lewe aisá ki donon háthon ká ek halqa baná le, aur us halqa ko zer zanaḡhdán rakhkar aise zor se úpar ko uṭháwe ki munh band ho jáwe. Aisá karte hue jabre kí haddí ke níche sire utáre jáwen, aur jab kí apne ḡhána ke kináre par pahunche, us waqt un ko un kí jagah par utár diyá jáwe, is taur se jabrá charḡh játá hai. Is amar men ziyádah ahtiyát rahe kí ṭhorí ko hamwár kar ke únchá uṭhá de aur we lakrí ke ṭukre yá kánṭe ke daste apní apní jagah par qáim rahen, agar ṭhorí ke uṭháne men kaj rahegá yá koí sá ṭukrá sarak jáwegá sirif ek taraf se jabre ká joṛ milegá, aur aksar dusrá joṛ milátí dafa wuh pahlá joṛ phir nikal jáwegá, aur jo aisál í káí martabah karné ká ittafáq hogá to doctor aur maríz donon diḡ hongé. Jab aisásadma awwal martabá pahunche to lázim hai kí jabre ko do tén roz tak ek paṭṭí ke do yá tén lapet sir ke úpar aur ṭhorí ke níche lagákar band rakkhá jáwe, aur us shaḡhs ko hidáyet kí jáwe kí ziyádah munh kholkar hansne men yá jambhái lene men ahtiyát rakkhe, is liye kí jab ek martabah jabrá apní jagah se ṭal gayá yá jambhái lene men phir jaldí se ukhar jáwegá.

BAYÁN KHUL JÁNE BÁNH KE JOṚ KÁ BAGHAL MEN SE.

Sawál.—Ásár daryáft ukharne joṛ bánh ke baghal men se kyá hain?

Jawáb.—Us súrāt men wuh shaḡhs apní kohní apne pahlú tak nahín lá saktá hai, yá kandhe ke hamwár nahín uṭhá saktá hai.

S.—Is joṛ ke charháne kí riwájí tarkíb kyá hai?

J.—Jis ká joṛ ukhar jáwe aur jo shaḡhs us ko charháwe we donon pahlú ba pahlú farsh par lete hain, magar mukhtalíf taraf se,

tions, so that the feet of the one are at the shoulder of the other, or the side where the displacement is. The operator then having taken off his shoe, and put a folded towel in the patient's arm-pit, puts his foot upon it, between the chest and the arm, using the right foot if the right shoulder is dislocated, and the left foot, if the left shoulder. He then grasps the patient's wrist with both hands, and pulls the arm down steadily. At the same time, he tells the patient to make some little change in his position, and thus inducing him to call some other muscles into action, the resistance to the reduction, which the muscles of the dislocated shoulder had been previously offering, is for a moment suspended, and at that moment the operator pulls a little more vigorously, and generally the bone immediately returns to its socket with a more or less loud snap.

DISLOCATION OF THE THIGH AT THE HIP JOINT.

Question.—How would you proceed to reduce a dislocated thigh?

Answer.—In the absence of proper pulleys, the patient and the operator should both lie down on their backs, and assistants hold the hips of the former steady, so that they shall not sway about. The operator then puts his leg, after having taken off his shoe, between the patient's legs, and presses his foot close up to the fork, which must be protected with a towel; he then grasps the patient's ankle with both hands and pulls, bids his patient change his position a little, and whilst he is thus engaged, pulls a little more briskly, and probably succeeds in replacing the bone, which goes in with a snap, more especially if the accident has recently occurred.

DISLOCATION OF THE THUMB.

Question.—How would you proceed to reduce a dislocated thumb?

Answer.—A piece of soft leather should be placed round the thumb, over this a piece of strong tape, in the form of the clove hitch, by which extension is to be made, counter-extension being made at the wrist, or between the thumb and forefinger. When reduced, a compress and bandage are to be applied.

yane is taur se, ki ek ke pānw dusre ke kandhe ke pás yá us jagah par rahen jahān se joṛ ukhar gayá ho. Maālij apná jútá utárkar aur ek líptá huá rúmál maríz ke baghal men dālkar dahná pānw úpar chhátí aur bāñh ke bích men rakkhe, aur jo dahná kandhá utrá ho to dahná pānw, aur jo báyan kandhá utrá ho to báyan pānw, is kám ke liye rakkhe. Bād us ke maríz kí kaláí donon háthon se pakre, aur bāñh ko sídhá kar ke níche kí taraf khainche. Us waqt maríz ko yih kah dewe ki zará karwaṭ badle us waqt basabab mutharrik hone dígar paṭthon ke ukhre hue kandhe ke paṭthe jo barwaqt chahāne us ke muzáhimat karte the, wuh muzáhimat wáste ek lahzah ke mauqúf ho jáwegí, chunānchi us lahze men wuh maālij us ke khainchne men zará ziyádah zor kare, aur aksar is taur se wuh haḍdí jald kam yá ziyádah áwáz se apne khāne men á játí hai.

BAYÁN UKHAR JÁNE JÁNG KÚLAH KE JOR MEN SE.

Sawál.—Ukhre hue kúle ko kyunkar charháyá jáwe?

Jawáb.—Darsúrat na maujúd hone charkhí munásib ke maríz aur maālij donon píṭh ke bal leṭ rahen, aur dígar shakhs maríz ke kúlon ko sídhá pakren, aisá ki kúle kisi jánib ko jhukne na páwen. Maālij bād jútá utárne ke apní táng ko maríz kí tángon men rakkhe, aur jáng ke fork yāne dushákhre par apne pānw se dabáwe, magar us dabáo kí jagah ko rúmál bándhkar mahfúz kiyá jáwe; bād us ke maríz ke ghutna ko donon háth se pakre, aur maríz ko kahe ki zará karwaṭ badle; jab wuh karwaṭ lene lage us waqt zará zor se khainche, ghálib hai ki is taur se haḍdí ko wasl karne men kámyáb howe, wuh haḍdí chatákha ke sáth, khasús agar sirif chand roz se ukhrí ho, apní jagah par pahunchegí.

BAYÁN UKHAR JÁNE PÁNW KE ANGÚTHA KÁ.

Sawál.—Pānw ke angúṭha ke charhāne ke liye kyá tadbír kí jáwe?

Jawáb.—Ek ṭukrá muláyam chamre ká angúṭha ke gird lapetá jáwe, aur us par ek ṭukrá mazbút niwár ká bashakal clove hitch yāne ḍer girah ke bándhá jáwe, aur us girah ko pakarkar khainchá jáwe aur kúlah ko pakarkar dusrí taraf khainchá jáwe, yá angúṭha aur ungliyon ke bích men se khainchá jáwe. Bād charh jáne angúṭha ke gaddí lagáke bandish bándh dí jáwe.

PART VI.

THREE HUNDRED QUESTIONS RELATING TO
• HOSPITAL DUTY.

BA'B SHASHUM.

MUSHTAMIL U'PAR TI'N SAU SAWA'LA'T KE.KI
JO SHAFI'KHANA KE KAMON SE ILA'QA
RAKUTE HAIN. .'

PART VI.

THREE HUNDRED QUESTIONS RELATING TO HOSPITAL DUTY.



1. What is the matter with you ?
2. How long have you been ill ?
3. Are your bowels open ?
4. Put out your tongue.
5. Have you any pain ; where is the pain ?
6. Why did you not come to hospital before ?
7. Have you any fever ?
8. At what time does the fever come on ?
9. Have you any shivering at the time ?
10. Does the fever come on at the same hour daily ?
11. How long have you been purged ?
12. Is there any blood or slime in your stools ?
13. Can you swallow a pill ?
14. When did you burn or scald yourself ?
15. Are you often troubled with asthma ?
16. Have you any pain in your throat or chest ?
17. Does it hurt you to draw in your breath ?
18. Do you feel very feeble ?
19. How long has that swelling been coming ?
20. Have you any pain about your heart ?
21. Have you ever had a cataleptic fit before ?
22. How long have you had this cough ?
23. Have you pains over your body with stiffness ?
24. When did this purging and vomiting come on ?
25. Have you been eating or drinking anything to disagree
with you ?
26. Did you drink cold water when in a perspiration ?
27. Have you any pain about the navel ?
28. Does the pain come on and go off again at times ?

BA'B SHASHUM.

MUSHTAMIL UPAR T'I'N SAU SAWA'LA'T KE KI JO SHA-
FAKHA'NA KE KA'MON SE ILA'QA RAKHTE HAIN.



1. Tum ko kyá bímárí hai ?
2. Kitne dinon se bímár ho ?
3. Tumko pák'hána muwáfiq mamúl ke átá hai ?
4. Apní zubán báhar nikálo.
5. Kyá tumko kahín dard ma'lúm hotá hai, kahán dard hai ?
6. Shafákhána men áj tak kyun na áe ?
7. Tum ko kuchh bukhár hai ?
8. Tum ko kis waqt tap charhtí hai ?
9. Tap charhne ke waqt kuchh larza bhí hotá hai ?
10. Tap har roz ek hí waqt charhtí hai ?
11. Tum ko kitne dinon se dast áte hain ?
12. Tumháre daston men khún yá ánw bhí ma'lúm hotí hai ?
13. Tum golí dawá kí nigal sakte ho ?
14. Kab tumhárá badan ág yá garam pání se jalá ?
15. Kyá tum par damá aksar zor kartá hai ?
16. Tumháre gale men dard hai yá chhátí men ?
17. Kyá tum ko sáns lene men dard ma'lúm hotá hai ?
18. Kyá tum ko bahut naqáhat ma'lúm hotí hai ?
19. Yih warm kab se shurú huá ?
20. Tumháre dil ke ás pás kuchh dard hai ?
21. Tum ko kabhí áge bhí cataleptic kí bári huí hai ?
22. Yih khánsí tum ko kab se huí hai ?
23. Kyá tumháre badan men dard sáth akráhat ke hotá hai ?
24. Tum ko dast aur dák kab se hai ?
25. Kuchh tumne kháyápiyá hai jisse tumhárá jí matlátá hai ?
26. Kyá tumne pasíne men thandá pání piyá hai ?
27. Tumhári náf ke pás kuchh dard hai ?
28. Kyá yih dard kabhí hone lagtá hai aur kabhí játá raltá hai ?

29. Have you any pain about the bladder ?
30. Do you feel a constant inclination to make water ?
31. Does it hurt you, when I put my hand on it ?
32. Do you feel a burning or throbbing there ?
33. Have you been smoking bang or churrus ?
34. What is it, then, that makes you shake so ?
35. Have you been sleeping outside your house at night ?
36. Have you been subject to epilepsy since childhood ?
37. Do you feel faint or giddy ?
38. Have you any pain at the pit of the stomach ?
39. Are you very thirsty ?
40. How long is it since you first perceived the discharge ?
41. Have you ever had gonorrhœa before ?
42. Have you any scalding when you make water ?
43. Have you any erection of the penis at night ?
44. Do you ever see any blood in your urine ?
45. How long have you been spitting blood ?
46. Do you often spit blood ?
47. Have you any heat or pain at the rectum ?
48. Do the piles bleed when you go to stool ?
49. Does your rectum ever fall down when you go to stool ?
50. Does the pain shoot to your back and shoulder ?
51. Is the pain increased by pressure ?
52. When did the dog bite you ?
53. Was the dog killed at the time ?
54. Are you quite sure the dog was mad ?
55. Who saw the dog besides yourself ?
56. How long is it since this man was struck down by the sun ?
57. How long have you had this eruption ?
58. Have any of your family had the same disease ?
59. How did it first come on ?
60. How old are you ?
61. Are you married ?
62. Have you any children, how many ?
63. Are you subject to rheumatism ?

29. Kyá tumháre masána ke pás kuchh dard hotá hai ?
30. Kyá tum ko hájat pesháb kí har waqt maḷúm detí hai ?
31. Kyá tum ko is jagah hamáreháth dharne se taklíf maḷúm detí hai ?
32. Kyá us jagah jalan aur lapak maḷúm detí hai ?
33. Kyá tum bhang yá charas piye hue ho ?
34. Phir kyá sabab hai ki tum itná kánpṭe ho ?
35. Kyá tum apne ghar meṇ rāt ko sáya meṇ nahín soṭe ?
36. Kabhí tum ko mirgí bachpan meṇ bhí huí thí ?
37. Tumko ḡhash átá hai yá sir phirtá hai ?
38. Peṭ ke tale kuchh dard maḷúm hotá hai ?
39. Kyá tumko piyás zore kí lagtí hai ?
40. Kitní muḍdat huí ki tumne us meṇ se awwal mawád bah-tá dekhá ?
41. Tum ko kabhí pahle bhí sozák huá hai ?
42. Pesháb karne ke waqt sozish bhí hotí hai ?
43. Rāt ko tum ko naūz bhí hotá hai ?
44. Kabhí tumháre pesháb meṇ ḡhún bhí maḷúm hotá hai ?
45. Tum kab se ḡhún thúkte ho ?
46. Tumháre thúk meṇ laḡú aksar átá nai ?
47. Dubar ke us pás kuchh dard aur jalan hai ?
48. Dast ke sáth bawáśir ká ḡhún bhí átá hai ?
49. Páḡhána phirne ke waqt kabhí káñch nikal áttí hai ?
50. Yih dard tumhári kamar aur kokh meṇ mártá hai ?
51. Kyá dard dabáne se ziyádah hotá hai ?
52. Tum ko kutte ne kab káṭá ?
53. Kyá us kutte ko us waqt már dālá thá ?
54. Tum ko ḡhúb yaqín hai ki kuttá díwáná thá ?
55. Tumháre siwá kisí aur ne bhí kuttá dekhá thá ?
56. Kitná arsa huá ki yih admí dhúp kháne se gir paṛá ?
57. Kitne dinon se tumháre badan par phunsí hai ?
58. Kisí ko kabhí tumháre kunbe meṇ se yih bímári láhaq huí thí ?
59. Awwal kyunkar yih bímári láhaq huí ?
60. Tumhári kyá umr hai ?
61. Tumhári shádí ho gaí hai ?
62. Tumháre bál bacheche bhí haiṇ, aur kitne haiṇ ?
63. Kyá tum ko gaṭhiyá ká khalal rahtá ha ?

64. When did your joints begin to swell?
65. Have you pain on both sides of your loins?
66. Does the pain descend on the outer side of your thigh?
67. Is the pain increased when you move about?
68. Have you received a blow over your kidneys?
69. Have you lately twisted yourself, or had a heavy fall?
70. Did you ever pass a stone when making water?
71. Can you see by day or night best?
72. Do you feel as if you had sand in your eye?
73. Is the pain increased by the light?
74. Is your sight very much affected?
75. When did you become paralytic?
76. Is your taste, smell, or hearing affected?
77. Does the pain dart through your left shoulder-blade
upwards to left collar bone and shoulder?
78. Are you obliged to lay in that position?
79. Cannot you lay in any other posture?
80. Bend yourself a little forward, cannot you?
81. Cannot you lie on your right or left side?
82. Draw up your legs towards your belly.
83. Now stretch them out straight.
84. Are your ancles weak?
85. Stretch out your right arm, now your left.
86. Now lift them both over your head.
87. Draw in a full breath, now cough.
88. Open all your fingers wide.
89. Have you ever had disease of your lungs?
90. When you cough, do you ever spit up matter?
91. What disease did your parents die of?
92. What part of your chest is the pain in?
93. Does it hurt you to lie on that side?
94. Are you obliged to sleep sitting upright?
95. How long is it since you made water?
96. Have you got a stricture in your passage?
97. Have you been putting any thing up your passage?
98. Did the stricture come on after a gonorrhœa?
99. Show me both of your hands and wrists.
100. How long has your spleen been swollen?

64. Kab se tumháre jorõ men sũjan shurũ huĩ ?
65. Kyá kamar ke donõ taraf dard hotá hai ?
66. Kyá dard niche utar ke rân ke úpar kí taraf hotá hai ?
67. Kyá dard tahalne se ziyádah hotá hai ?
68. Tumháre gurde par kalĩn choṭ to nahĩn lagĩ ?
69. Kyá in dinõ men tumháre moch áĩ yá tum gir pare ho ?
70. Kabhĩ tumbáre pesháb men kankaṛ bhĩ niklá hai ?
71. Tum ko din men ziyádah dikháĩ detá hai yá rát ko ?
72. Áñkhone men tum ko ret sí bharĩ huĩ maĩlũm detĩ hai ?
73. Roshuĩ men dard ziyádah ho játá hai ?
74. Kyá tumbáre áñkhone se bahut kam dikháĩ detá hai ?
75. Tum ko kab se fálij huá hai ?
76. Kyá tumháre záĩqa, shámuh yá shunwá men farq á gayá hai ?
77. Kyá dard niche se baĩn katĩ men hoke úpar ko haslí aur
kandhe ke chubak mártá hai ?
78. Siwá is balke, kyá tum aur taraf nahĩn leṭ sakte ho ?
79. Kyá tum kisĩ aur taraf nahĩn leṭ sakte ?
80. Agar tum áge kí taraf jhuk sakte ho to jhuko.
81. Kyá tum dáhinĩ yá baĩn karwaṭ nahĩn leṭ sakte ?
82. Apnĩ tángõ ko peṭ se miláo.
83. Ab unko síuhá phailá do.
84. Kyá tumháre ṭaṭhñõ men táqat nahĩn hai.
85. Apná dáhiná bázu phailáo aur ab báyan.
86. Ab donõ báhen apne sir se únchĩ karke kharĩ karo.
87. Sãs úpar ko lo, ab khãso.
88. Tamám apnĩ ungliyãñ kholkar phailáo.
89. Tum ko kabhĩ phepre ká bhĩ marz láhaq huá hai ?
90. Khãnsne men khankár ke sáth kabhĩ píb bhĩ átĩ hai ?
91. Kaun bímáre tumháre má báp ko marne ke waqt huĩ thĩ ?
92. Chhátĩ men kis muqám par dard hotá hai ?
93. Is karwaṭ leṭne se kyá dard hotá hai ?
94. Kyá tum ko siwá baiṭhne ke nĩnd nahĩn átĩ hai ?
95. Tum ko pesháb kiye hue kitná arsa huá ?
96. Tumháre pesháb ke raste men kuchh rukáo hai ?
97. Kyá tum ne pesháb ke raste men kuchh chíz charháĩ hai ?
98. Kyá yih rukáo baḍ suzák ke wáqa huá ?
99. Ham ko apne donõ háth aur pahunche dikháo.
100. Kitnĩ muddat se tumbáre tillĩ barh gai hai ?

101. Have you had ague lately?
102. Have you been taking mercury lately?
103. Have you ever been vaccinated?
104. Have you been near any person lately who had the small pox?
105. How many days have you felt poorly?
106. Does it hurt you to swallow water?
107. Put twelve leeches on his throat, and foment it with hot water until the bleeding ceases.
108. Show him how to gargle his throat, which he should repeat every quarter of an hour, and keep some flannel wrapped round it.
109. Are you regular every month?
110. Have you any throbbing in your head?
111. How long has the child had those spots on its mouth and tongue?
112. Are the child's bowels in good order?
113. Is it purged or costive?
114. How long have your courses been obstructed?
115. What caused them to stop?
116. How long has that child had St. Vitus' dance?
117. Is that child cutting a tooth?
118. How many teeth has that child?
119. Has it ever had a convulsion before?
120. Has the child been eating any thing to disagree with it, or has it got worms?
121. That child has got the mumps.
122. Did the swelling disappear suddenly?
123. Have you any pain at the lower part of your back when you menstruate?
124. Have you always pain at that time?
125. Are you married?
126. Does the child complain of the eruption, itching or smarting much?
127. Does the eruption show itself on any other part of its body?
128. How long have you remarked that child's head to be swollen in that manner?

101. Kyá in dinon men tum ko járe se bukhár átá hai?
102. Kyá tum ne áj kal kuchh párá kháyá hai?
103. Tumháre kabhí fíká bhí lagá hai?
104. Tum in dinon men kisé aise shakhs ke pás to nahín gae jise sítlá nikal rahí thí?
105. Kitne dinon se tumhári tabíyat mándí hai?
106. Pání píne se tum ko dard malúm hotá hai?
107. Us ke kaleje par bárah jonken lagáo, aur jab talak khún band na ho garm pání se senkte raho.
108. Us ko gharárah karne kí tarkíb batá do, aur kah do kí ek ghante men chár dafa gharárah karne aur tukrá loí ká apne gale se lapet rakkhe.
109. Tum ko haiz qáidah se har mahína hotá hai?
110. Tumháre sir men kuchh dhamak malúm detí hai?
111. Is larke ke munh aur zubán par kitní muddat se dágh hain?
112. Is larke ko dast qáidah se hotá hai?
113. Pet járí hai yá band?
114. Kab se haiz band hai?
115. Kis sabab se haiz band huá?
116. Kitní muddat se is larke ko rashá huá?
117. Is larke ke dánt nikalte hain?
118. Is larke ke kitne dánt hain?
119. Kabhí us ko sábiq men bhí tashannuj huá thá?
120. Kyá is larke ne kuchh aisé chíz kháí hai jisse jí matlátá hai, yá us ke pet men kíre hain?
121. Kyá us larke ke mumps hain?
122. Kyá waram yakáyak játá rahá?
123. Kyá tumhári kamar ke niche dard hotá hai jab kí tum kapron se hotí ho?
124. Us waqt kyá tumháre hamesha dard hotá hai?
125. Kyá tum biyáhi ho?
126. Kyá yih larke faryád khárish yá ziyádah sozish phunsiyon kí kartí hai?
127. Yih phunsi us ke badan par kisé aur jagah bhí hai?
128. Tum ne kab se dekhá hai kí us larke ká sir is tarah par súj gayá hai?

129. Does the child clasps its head and scream at times as if in great pain ?

130. Is it heavy and drowsy ?

131. Does it squint ?

132. Does that girl often get hysterics ?

133. How long have you had that discharge ?

134. Are your courses quite ceased ?

135. How long has that child had the hooping cough ?

136. Does the fit of coughing come on very often ?

137. Have you much hooping cough near you ?

138. Has that child ever had the measles ?

139. That child has got the measles now ?

140. How many days has the eruption been out ?

141. Is that child one of a scrophulous family ?

142. Has the child a ravenous appetite ?

143. What food do you generally give it ?

144. Is that child weaned yet ?

145. That child ought to be weaned directly.

146. You should procure a healthy wet-nurse for that child as soon as possible.

147. You should change that child's nurse, do you not see her milk disagrees with it ?

148. Give that child donkey's milk.

149. Wean the child gradually, and give it thin sago during the day.

150. Take care, that eruption on the head is contagious, keep it away from the other children.

151. If possible, that child should have change of air, or sea bathing.

152. Has that child ever had croup before ?

153. Do not be alarmed, the child has only got the nettle rash, which will soon go away.

154. This is chicken or swine pox.

155. Does the child pick its nose, and complain of irritation at the rectum ?

156. How long have you remarked worms in its stools ?

129. Kabhí yih larḳá apná sir donon háthon se bhínchkar dard ke máre chillátá bhí hai?

130. Yih larḳá sust aur nándásá bhí hai?

131. Kyá wuh derátá hai?

132. Is larḳí ko kyá aksar hysteric hotá hai?

133. Yih mawád kab se bahtá hai?

134. Kyá tum ko kapre áne bilkul mauqúf ho gaye hai?

135. • Us larḳe ko kúkar khánsí kab se huí?

136. Khánsí kyá aksar uṭhtí hai?

137. Kyá tumháre ghar ke ás pás kúkar khánsí aksaron ko hai?

138. Us larḳe ke kabhí khasrá bhí niklí hai?

139. Us ko abhí khasrá hai?

140. Kitne dinon se phunsi niklí hai?

141. Kyá is larḳe ke kunbe men kanṭhmálá bahut hai?

142. Kyá us larḳe ko shiddat kí bhúk hamesha lagtí hai?

143. Kyá ghizá tum hamesha us ko dete ho?

144. Kyá us larḳe ká dúdh chhurá liyá hai?

145. Us larḳe ká dúdh abhí chhurá lená cháhiye.

146. Tum ko us larḳe ke wáste ek tandurust anná jald rakhní cháhiye?

147. Tum ko cháhiye ki • us larḳe kí dúdh piláí ko badlo, tum nalín dekhte ho ki us ke dúdh se bachehe ká jí matlítá hai?

148. Us larḳe ko gadhí ká dúdh piláo.

149. Us ká dúdh rafte rafte chhuráo aur din men kuchh ságú patlásá pakákar khiláyá karo.

150. Yih phunsiyún is larḳe ke sir par mutaaddí hai (yaṇe pás baithne se aur ko bhí ho játí hai) dekho yih larḳá aur bachchon ke pás hargiz na jáne páwe.

151. Agar ho sake to is larḳe kí tabdílí hawá kí karo, aur daryá men naqal karo.

152. Kabhí is larḳe ko marz croup áge bhí huá hai?

153. Andeshá na karo is larḳe ko sirf nettle-rash hai, jald rafa ho jáegá.

154. Yih to motiyá yá swine pox hai.

155. Kyá larḳá apní náḳ ko unglí se nochtá hai aur dubar ke dard se diḡ hai?

156. Tum ne kab se us ke dast men kíre dekhi?

157. The child's food should be nutritious, but not stimulating.
158. See that the child chews its food properly.
159. Do the patients leave the hospital without leave?
160. Are all the hospital servants always in attendance?
161. Have the men any complaints to make?
162. Do the bearers assist the feeble men, when asked to do so?
163. Do the sweepers clean the privy well every day?
164. Why do you permit the men to relieve themselves on the ground all round the hospital?
165. I will send my grass-cutters to-day, to cut the grass for fifty yards all round the hospital.
166. The next time I see the ground soiled, I will report it to the Commanding Officer.
167. Why do you allow the sick men to bring their accoutrements into hospital? you know very well it is against orders.
168. The hospital is very dirty, see that the sweeper is more attentive in future.
169. Have every door opened an hour after gun-fire in the morning, to ventilate the hospital.
170. Shut all the doors an hour after sunset.
171. During the hot weather, all the doors may be open all night.
172. Do not allow the sick men to take their charpoys outside at night.
173. Take care one native doctor is always to be present at the hospital day and night.
174. No man is to be discharged from hospital until fit for duty.
175. Do not allow the men to spit about on the floors; place a koondah by each bed.
176. Never make up any prescription that may be sent to you until I have seen it.

157. Ghizá is larke ko muqawwí dení cháhíye, magar aisí na ho jo tahríka ho.

158. Is bát ká liház rakkho ki larhá apne kháne ko khúb chabákar kháwe.

159. Kyá maríz shafákhána se beijázat báhar chale játe hain?

160. Tamám naukar shafákháne men hamesha házir rahte hain?

161. Kyá koí ádmí nálshí hain?

162. Jab ki nátáqat bímár kaháron se madad cháhte hain to we karte hain?

163. Khákrob jáizarúr ko har roz sáf kiyá karte hain?

164. Tum kis wáste is bát ko mana nahín karte ki ádmí cháron taraf shafákhána ke ghilázat phailáte hain?

165. Áj main apne ghasyáron ko bhejungá ki pachás gúz tak gird shafákhána ke ghás sáf kar den.

166. Agar ham phir kisí waqt zamín ko ghálíz dekhenge to us kí Kamániar Sáhíib ko itlá denge.

167. Tum kis wáste marízon ko shafákhána men sámán láne dete ho? tum khúb jánte ho ki yih bát khiláf hukm ke hai.

168. Shafákhána sáf nahín hai, khabardár raho ki khákrob apne kám men sustí na karé.

169. Ek ghanṭe bad fajar kí top ke tamám darwáze khol diye jáwen táki tází hawá shafákhána men báhar se áwe.

170. Tamám darwáze ek ghanṭe bad gharúb hone áftáb ke band kiye jáwen.

171. Garmí ke mausam men tamám darwáze khule rakhne cháhíye tamám rát.

172. Bímáron ko chárpaíyán rát ko bahar na bichháne do.

173. Khabardár raho ki ek Hindustání Doctor shafákhána men rát din maujúd rahe.

174. Kisí maríz ko shafákhána se rukhsat karná na cháhíye jab talak ki wuh qábil bajá láne apní naukarí ke na ho.

175. Kisí maríz ko zamín par thukne na do aur ek ek kúndá har ek kí chárpaí ke pás rakkho.

176. Kisí bheje hue nuskhá ko taiyár na karo jab tak ham us ko dekh na len.

177. I do not allow any smoking inside the hospital.

178. Those men who want to smoke must go out into the verandahs.

179. Send for me at any hour of the day or night if I should be required.

180. If any case of cholera should occur, send for me immediately.

181. Send and let me know if that man gets any worse.

182. If he cannot swallow a pill, make up the medicine into a powder.

183. Give him these two pills to-night.

184. Let him have the purgative to-morrow morning.

185. Give him a table spoonful of the mixture after each liquid stool.

186. Give him two table spoonsful of the mixture directly, and repeat it every three or four hours.

187. Put the blister on to-night, and dress it in the morning with simple ointment.

188. Dress his blister morning and evening with the savine ointment.

189. Fasten the blister on carefully, so that it cannot be displaced.

190. That wound should be dressed twice a day, otherwise it will be very offensive.

191. If you see any maggots in the wound, wash two or three times a day with some turpentine.

192. This arm, leg, thigh, cannot be saved ; we must amputate it at once.

193. Explain the necessity of doing so to him, as the only chance of saving his life.

194. You will not suffer any pain during the operation, if you breathe through this cloth.

195. Pour out one drachm of chloroform.

196. Bring me the amputating instruments.

197. Take care the tourniquet is not displaced should he struggle.

198. Hold the limb steady, and keep it in that position.

177. Main shafákhána men kisi ko huqqa píne kí ijázat nahín detá.

178. Jo koi huqqa piná cháhe to barámda men jákar píwe.

179. Agar kisi waqt din yá rát ko hamará áná zarúr ho to ham ko bulwá lo.

180. Agar kisi ko haizá howe to ham ko fauran buláo.

181. Agar us ádmí ká hál abtar ho to ham ko khabar do.

182. Agar wuh dawá kí golí nigal na sake to us ko pískar do.

183. Yih donon goliyán us ko áj rát ko khiláo.

184. Kal subah us ko julláb piláo.

185. Us ko yih bamiqdár ek majhole chamche ke bad har ek patle dast ke piláo.

186. Us ko do majhole chamche is murakkab dawá ke is waqt piláo, aur phir isi qadar tin tin chár chár ghante bad dete raho.

187. Áj rát ko plaster lagáo aur kal phalkon ke úpar sufed marham lagáo.

188. Us ke phalkon ke úpar subah aur sham marham sawine lagáo.

189. Plaster ko khúb ihtiyát se bándho táki kisi tarah apni jagah se phisal na jáwe.

190. Us zakhm ko din men do dafa sáf karke pháiyá lagáo nahín to zakhm sar jáwegá.

191. Agar us zakhm men kire par jáwen to din men do yá tin dafa turpentine tel se dhoyá karo.

192. Yih bázá aur táng aur rán achchhi nahín ho sakte, hamen unko abhi kátná cháhiye.

193. Usko samjhá do ki sirif wasíla uski ján bachne ká yihí hai.

194. Tum ko kuchh ízá kátné kí nahín malúm degí agar is kapre men se dam loge.

195. Ek drachm chloroform ká dálo.

196. Hathiyár kátné ke mere pás láo.

197. Khabardár raho ki tourniquet barwaqt us ke háth pánw márne ke apni jagah se hat na jáwe.

198. Is uzv ko mazbút thánbo aur isi tarah rahne do.

199. Give me the saw and bone nippers.

200. Have you waxed the ligatures.

201. That silk is rotten, give me the other.

202. Now give me a bandage, but wet it well with water first.

203. Keep this dressing constantly wet with cold water.

204. One of you must sit beside him, and see there is no hæmorrhage.

205. You had better keep the tourniquet loosely round the limb in case it should bleed.

206. Send to me directly if bleeding comes on.

207. There is some artery bleeding, we must reopen the wound.

208. Do not be alarmed, that is only venous blood, which will soon stop.

209. You bore the operation very well, I am very much pleased with you.

210. Do not move your stump about, otherwise you will make it bleed.

211. As soon as your wound is healed, you shall go to your home.

212. Get him a pair of crutches made to-day.

213. Wrap some tow round them, they cut him under the arm when he uses them.

214. That man is very feeble, I will send him to his home for six or eight months.

215. His arm, leg, or ribs are broken.

16. Bleed him at once until he faints.

217. Roll that broad bandage carefully round his chest five or six times.

218. If his breathing becomes oppressive again, you must repeat the bleeding.

291. Your shoulder is dislocated, how did you do it?

220. Lay flat on the ground, and give me your hand.

221. It is now reduced, bind it up carefully.

222. If the point swells or there is much pain apply two or three dozen leeches.

223. Foment the limb constantly with warm water.

199. Arí aur bone nipper ham ko do.
200. Tum ne doron ko mom lagá diyá hai?
201. Yih resham gal gayá hai, aur do.
202. Ab ham ko ek patí do, magar pahle pání men tar karo.
203. Is patí par hamesha thandá pání dálte raho ki tar rahe.
204. Lázim hai ki ek ádmí tum men se us ke pás baithá rahe, aur kھیال rakkhe ki zaḥm se khún jarí na ho jác.
205. Is tourniquet ko dhíla karke badan par lagá rahne do.
206. Agar khún jarí ho jác to ham ko fauran khabar do.
207. Kisí shiryán men se khún átá hai, ham ko zaḥm phir kholná cháhiye.
208. Daro nahín, khún kisí rag se átá hai, jald band ho jáegá.
209. Tum ne badan kátna ke dard ko bahut mazbutí se sahá, ham tum se bahut khush hain.
210. Tum apne tūnd ko na hiláo, nahín to khún jarí ho jáegá.
211. Jis waqt tumhárá zaḥm achchhá hogá us waqt apne ghar chale jáná.
212. Aḡ us ádmí ko wáste ek joṛá baisákhí ká banwá do.
213. Thorá san un baisákhion par lapet do kyunki we bar-waqt kám men lāne ke baghal ko chhíl dáltí hain.
214. Wuh ádmí bahut nátáqat hai, hum us ko chhah yá áth mahíne kí ghar jáne ke wáste rukhsat denge.
215. Us ká bázu yá táng yá pasliyán tūt gaí hain.
216. Us kí fasd jald kholo, aur jab tak ghash na áwe khún band na karo.
217. Us kí chhátí ke gird us chauṛí patí ko páñch yá chhah pher lapeto.
218. Agar sáns lene se use phir dard maḡlúm ho to tum ko phir fasd kholní cháhiye.
219. Tumhárá kandhá utar gayá hai yih kyunkar wáqa huá?
220. Zamín par chit let jáo aur apná háth mujhe do.
221. Ab wuh charḡ gayá hai, us par patí hoshyáří se bándho.
222. Agar joṛ súj jáwe yá us men bahut dard ho to do yá tūn darjan jonken lagána.
223. Is uzv ko har dam garam pání se senkte raho.

224. Take care that every leech employed in this hospital is destroyed directly it comes off.

225. The sweeper has no right to complain, as he has been paid already for the leeches.

226. If he is very restless, give him three or forty drops of laudanum.

227. This man is poisoned; what have you been eating or drinking to-day?

228. Have you had a quarrel with any person lately?

229. Could he have poisoned you if he wished?

230. Do you suspect any person in particular?

231. Give him half a drachm of sulphate of zinc.

232. Let him drink a large quantity of warm water, at least six pints to keep up the vomiting.

233. As he cannot swallow, we must use the stomach pump.

234. Do not throw away the contents of his stomach until I have examined it.

235. When did the snake bite you?

236. What kind of a snake was it that bit you?

237. Where is the snake? I should like to see it.

238. Rub the caustic well into the wound, and then apply a hot poultice over it.

239. You must make him walk up and down the hospital until all drowsiness goes away.

240. Order two of the bearers to support him under his arms; he must not rest yet.

241. Give him a full dose of the spiritus ammonia succinatus and brandy directly.

242. Repeat it every twenty minutes, until he is relieved from the stupor.

243. Let him sniff at the ammonia occasionally.

244. Do not allow this man to get up when his bowels are moved, but give him a bed-pan.

245. If you allow him to sit up or get out of bed he will probably die.

246. That lancet is not sharp, take another.

224. Dekho jonken jo is shafákhána men lagáí jáwen un ko barwaqt chhúṭne ke fauran már dālo.

225. Jonk wāle ko jab ki us ne qímat apní jonkon kí pālí hai jagah shikáyat kí nahín hai.

226. Agar wuh bahut beqarár hai to us ko tís chálís búnden laudanum kí piláo.

227. Is ádmí ko zahar diyá hai, áj to tum ne kyá kyá kháyá piyá hai?

228. Tumhárá in dinon men kisé se jhagrá to nahín huá?

229. Agar us ádmí ká zahar dene ká irádah hotá to wuh khilá saktá thá?

230. Tum kisé kḥás ádmí par shubah rakhte ho?

231. Sulphate of zinc us ko ádhá drachm de do.

232. Us ko bahutsá garam pání piláo na kam chhah pints se ho, tákí bakḥúbí qai áwen.

233. Chúṅki us ko nigalne kí táqat nahín hai to ham ko stomach pump kám men láná cháhiye.

234. Jo kuchh us ke pet men se nikle us ko baghair hamáre daryáft karne us kí haqíqat ke phenk na dená.

235. Tum ko sánp ne kab kátá?

236. Jis sánp ne tum ko kátá wuh kis qism ká thá?

237. Wuh sánp kahán hai? main us ko dekha cháhtá hún.

238. Zaḥm par caustic ko kḥúb malo aur baḍ us ke us par garm poultice lagáo.

239. Tum us ko idhar udhar shafákhána men tahláte raho jab tak ki uskí úṅg rafa na ho.

240. Do kaháron ko hukm do ki baghlon men háth dekar us ko khará rakkhen.

241. Púrí miqdár spirits ammonia succinatus aur brandy ká jald do.

242. Bís bís lahze ke baḍ yih piláte raho táwáqtiki us kí behoshí zail na ho.

243. Kabhí kabhí us ko ammonia sungháo.

244. Is ádmí ko uṭhne na do jab tak ki us ko pákháne kí hájat ho balki ek tasht us ke pás rakh do.

245. Agar tum is ádmí ko uṭhne yá chárpái se utarne doge to us ke mar jáne ká kḥauf hogá.

246. Wuh nashtar tez nahín hai, aur lo.

247. Do you know how to cup a patient ?

248. Bring the instruments, and I will show you.

249. Cup him over the temples.

250. When you cup a patient, do not press the instrument heavily on the part.

251. He must be cupped on the nape of his neck.

252. Have his head shaved, and keep cold lotions constantly applied to it.

253. Bring me the seton needle and some oiled silk.

254. This seton must be kept in for a long time, and dressed regularly every morning.

255. Do you know what the object is in making an issue ?

256. He should have an issue made either in his arm or thigh.

257. Let this man have one of his comrades to wait upon him, as he is very feeble.

258. How many are there now from the lines waiting on the sick ?

259. Send half of them back, as one man can very easily attend upon two patients.

260. Keep that man, as he is a brahmin.

261. This man is dying, ask him if he wishes to see any person in particular.

262. Ask him if he has any property to leave, and how he wishes it disposed of.

263. Write down what he says in the presence of two witnesses, and let him sign it or make his mark before them.

264. Do you think his friends would object to my opening his body ?

265. I am very glad I did open his body, as I find I was treating him correctly, though he did die.

266. If you see or hear of any poor man, who has a stone in his bladder, let me know.

267. Did you ever see the operation of lithotomy ?

268. The weather is too warm to operate with safety to the patient.

269. Take him into hospital, and when his health is improved I will operate on him.

247. Tum ko bímár ke sīngí lagání átí hai ?
248. Hathyár láo, ham tum ko sīngí lagáne kí tarkíb batá denge.
249. Us kí kanpattīyon men sīngí lagáo.
250. Jab kí tum bímár ke sīngí lagáo to ála ko bahut na dábo.
251. Us kí guddí men sīngí lagání cháhiye.
252. Us kí hajámat banwákar sir par thanḍhá pání chhirakte raho.
253. Náth kí súí aur resham tel láo.
254. Is náth kí súí ko ziyádah ársa tak lagá rahne do, aur zakhm ko har roz subah ko dhoyá karo.
255. Tum jánte ho kyá sabab issue lagáne ká hai ?
256. Cháhiye kí uske bázú yá rán men ek issue banáyá jáwe.
257. Ek sipáhi uske pás khabargírí ke wáste rahe, kyunkí wuh bahut kamzor hai.
258. Kitne sipáhi ab wáste khabargírí bímáron ke hain ?
259. Ádhc un men se len men bhejo, kyunkí ek ádmí bahut ásání se do kí khabargírí kar saktá hai.
260. Us ádmí ko rakkho, kyunkí wuh brahmin hai.
261. Wuh ádmí martá hai, us se daryáft karo, agar kisí se milná chahtá ho.
262. Usse púchho kí uská kuchh asbáb hai, aur kyunkar uská bandobast kiyá jáwe.
263. Jo kuchh wuh kahc usko sámhnc do gawáhon ke likh lo, aur uske dastkhat yá nishání karwá lo.
264. Tumhári dánist men uske dost burá mánenge agar ham us murde ká peṭ chák karen ?
265. Ham bahut khush hain kí hamne uská peṭ chák kiyá, kyunkí hamen khul gayá kí hamne uske iláj men khatá nahín kí jab kí wuh mar gayá.
266. Agar tum dekho yá suno kí kisí gharíb ke pathrí hai to hamko khabar do.
267. Tumne kabhí pathrí nikalte huí dekhí hai ?
268. Garmí bahut partí hai, kátné men bímár ke wáste khatra hai.
269. Usko shafákhána men le lo jab kí wuh ján pakar jáwegá us waqt ham kátcnge.

270. A detachment of the regiment is ordered to march, whose turn is it to go this time?

271. See that the usual quantity of medicines are made up, and I will examine them.

272. Is the dooly and bedding in perfect order?

273. Why did you not inform me that the dooly was broken?

274. The regiment is ordered on service, we start in a very few days.

275. Pack up all the medicines very carefully.

276. Wrap some tow round each bottle.

277. Put all the instruments in one box, so that we shall know where to look for them.

278. See that the straps and padlocks are not broken.

279. Only put those medicines in the petarrahs that are daily required.

280. Warn all the servants to be ready to start.

281. Never allow any man to go in a dooly if he is able to walk.

282. Order every spare dooly to keep close up to the rear of the regiment on the march.

283. One Native Doctor must keep in the rear, to see after the doolies, and take care the bearers do not stray away.

284. The sick men may start in advance of the column, under charge of the other Native Doctor.

285. It is likely the regiment will go into action to-day.

286. Keep one dooly expressly for the instruments, bandages, splints, and brandy.

287. Order one of the bheesties to remain close to this, and not absent himself for a minute.

288. Make up several rollers of sizes, and spread three or four yards of sticking plaster.

289. Take care to have the lantern ready with the wax candles.

290. Draw up all the doolies directly the firing commences, and place sentries over them.

291. Place all the tourniquets in the dooly.

292. Is there plenty of lint at hand?

293. Get out every piece of sponge we have.

270. Ek hissa palṭan ke kūnch kā hukm hai, is martabah kis kī bārī hai?

271. Muwāfiq mamūl ke har qism kī dawāen taiyār kar rakkho, ham unko āp ānkar dekhenge.

272. Ḍolī aur us kā bichhonā khūb durust hai.

273. Tum ne ham ko kyun na khabar dī ki ḍolī tūt gā hai?

274. Palṭan ko muhim par jāne kā hukm hai, thore se dinon men ham kūnch karenge.

275. Sab dawāon ko hoshyārī se bāndho.

276. Har ek shīshī par san lapeto.

277. Tamām hathyāron ko ek hī sandūq men band karo, istarah par ki zarūrat ke waqt mil jāwen.

278. Tasmon aur quflon ko dekh lo ki tūte hue to nahīn hai.

279. Sirif wuh dawāen jo roz kām men ātī haiṁ piṭāre men rakkho.

280. Sab naukaron ko jatā do ki kūnch ke wāste taiyār rahen.

281. Kisī ādmī ko ḍolī men na jāne do jis sūrāt men chalne kī tāqat rakhtā ho.

282. Hukm do ki fāltū ḍoliyān palṭan ke pīchhe milī rahen.

283. Lāzim hai ki ek Hindustānī Doctor pīchhe wāste khabardārī ḍoliyon ke rahe, aur khabardār rahe ki kahāron ko idhar udhar na chalne de.

284. Bīmār ādmiyon ke āge jāwen, aur un ke hamrāh dūsrā Hindustānī Doctor rahe.

285. Yaqīn partā hai ki palṭan larāī par charbe.

286. Ek ḍolī khās wāste rakhne hathyāron aur patṭiyon aur splint aur brandy ke chāhiye.

287. Ek ko saqqon men se hukm do ki isī ḍolī kolī ke sāth rahe aur ek lahma judā na ho.

288. Kāī ek barī patṭiyān banāo aur tīn yā chār gaz sticking plaster ke phailāo.

289. Dekho lāltain mai mom kī battiyon ke taiyār rahe.

290. Jis waqt top aur bandūq chalne lage us waqt sab ḍoliyon ko qatār bāndhke kharā karo aur un par pahredār kharē karo.

291. Sab tourniquet ḍolī men rakkho.

292. Wahān bahut lint nazdīk hai?

293. Sponge jitnā ho sab nikāl lo.

294. The ammonia, chloroform and laudanum with a glass measure should be at hand.

295. We must make the best operating table we can, with the camel trunks.

296. Send off the doolies quickly under a guard to pick up those wounded men.

297. Now that all the wounded have been attended we can go and get something to eat.

298. One of you had better sit up to look after the wounded, whilst the other sleeps.

299. As soon as I have had a little sleep, I will come and relieve you.

300. All the wounded men are going on verry well.

294. Ammonia chloroform aur laudanum sáth ek glass measure ke nazdík rahe.

295. Ham ko koí chíz mez kí súrat banání cháhiye táki zaḵhmiyon ko us par liṭákar káṭ kúṭ amal men áwe, únṭon ke sandúq yih kám de sakte haiṇ.

296. Doliyon ko bahifázat ek pahre ke bhejo ki zaḵhmiyon ko uṭhá láwen.

297. Ab to ham sab ne zaḵhmiyon kí dawá dárú aur marham paṭṭí se kháne kí fursat páí.

298. Bihtar yih hai ki ek tum men se wáste ḵhabargírí zaḵhmiyon ke jágta rahe aur dúsrá sowe.

299. Baḍ thorí níṇd ke maiṇ ánkar tumhárí badlí karúṅgá.

300. Tamám zaḵhmí ḵhairáfiat se haiṇ.

